V. S. No. 1

	County	Frederick				-	
					Registration Dist. No. 21. No. No. St., St., Ward. If nonresident give city or town MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY. That I attent (Month) (Day) 24. I HEREBY CERTIFY. That I attent (Month) (Day) 1 HEREBY CERTIFY. The I attent (Month) (Month) (Day) 1 HEREBY CERTIFY. The I attent (Month) (Month) (Day) 1 HEREBY CERTIFY. The I attent (Month) (Month) (Day) (Month) (Day) (Month) (Month) (Day) (Month) (Wa	
	Length of resi	dence in city or town whe	re death occurred		Registration Dist. No. 2/ No. St., (If death occurred in a hospital or institution, give its NAME instead of street a mos. ds How long in U.S. if of foralgn birth? yrs. Ony St., Ward. If nonresident give city or town MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY. That I attended to have occurred on the date stated above, at 8 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows: Authority Causes of Importance: Myscardial insaffice and place and		
			1				
-	County Frederick Village or City Jeffers on Length of residence in city or town where death occurred Years. 2. FULL NAME Mrs. Margaret Lyons Ant (a) Residence: No. Walkersville / (Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDGOR DIVORCED (write the Widowed) If merried, widowed, or divorced HUSBAND of (or) WIFE of Rev. William Anthony DATE OF BIRTH (month, day, and year) October 16, 1855 AGE Yeers Months Days If LES 1 day,		e of abode)		and State		
_			TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATI	Н	
OR DIVORCED (write the word)				ED (write the word)	Mov. 2	, 1933	
5a	. If merried, widow	ed, or divorced				(Year)	
		Rev. Wil:	liam Antho	ony	1 00 1		
6.	DATE OF BIRTH (month, day, and year)	October	16.1859			
7.	AGE Yee	rs Months		If LESS than	to have occurred on the date stated above, at 853 Pm.		
	74	0	16	1 day,hrs	The project of the or project of the contract	,	
z	8. Trade, profes	sion, or particular			Carelral hemorloge	Date of on	
110			Housewif	θ	Myrandial insaffice may		
IPA	9 Industry or I	done, as SILK MILL,	A.L. TTous		annala filullation		
OCCUPATION							
Ö	this occup	A Les décomb moito	_/923 Sp	eot in this			
			-1- <u>1-0</u> 3!	supation	Other Contributory Causes of Importance:		
12.			vland				
ER					Mald Chine Meghate	year	
ATHE			nstry			·	
FA						of	
a:		The state of the s			What test confirmed diagnosis? Cline 22. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
HE	15. MAIDEN NAM	Margare Margare	t Bucking!	nam			
MOTHER							
_						S>	
17.	(Address)	Jefferson	s Horine		Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.	
	BURIAL CREMATI			, , , , , , , , , , , , , , , ,	Manner of injury		
18.		77 - 79	mDete11,	5/33, 19	Nature of Injury		
18.		on priage ce					
	Place_Uni		on & Son		24. Was disease or injury in any way related to occupation of deceased?	7/0	
		M.R. Etchis			24. Was disease or injury In any way related to occupation of deceased? If so, specify	7/0	
19.	Place_Unic		Maryland	0 11		7/0	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUSPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PI	HYSICIAN
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V. S. No. 1

County	Frederick			Corpo	Registration	Dist. No. / 3/	
Village or C	ity Frederic	k		No.	MMS-	64	Word
lanoth of resi	danca in city or town where	death occurred			tal or institution, give its NAM in U.S. il of loreign birth?	E instead of street and	number)
	ME Mrs. Cla	t Third S		St War	4		
(a) Residen	ce: No. 272 Deta	(Usual place		St.,wat	If nonresident	give city or town an	d State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MED	ICAL CERTIFICATE	OF DEATH	
. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF D	EATH		
Female	White	Widow		N	ovember 23	(Day)	, 193 3 (Year)
a. If married, widow HUSBANO of	ed, or divorced			22. a 1 HE	REBY CERTIF	Y, That I attendad	deceased from
(or) WIFE of	John H.	Barthlow		nor.	1933 to	Ucr. 23	19 3
DATE OF BIRTH	(month, day, and year)	lugust 10.	1869	I last saw h a	alive on Text	1933	; death is said
. AGE Yea		Oays	II LESS than		e data stated abova, at 19	30 m.	
64	3	13	1 day,hrs.	The PRINCIPAL CAUS	SE OF DEATH and related caus	sas of importance	Oata of onset
8. Trada, profes	ssion, or particular vork done, as SPINNER, , BOOKKEEPER, etc				A-0	5.9	
SAWYER,	BOOKKEEPER, etc business in which	Housew	ife	Meule	rumana	my Alma	2 11-23
kind of v SAWYER, 9. Industry or work wa: SAW MIL 10. Date deceas:	s dona, as SILK MILL, LL, BANK, atc	At Home					
10. Date deceas	ed last worked at	11. Total ti	ima (years) nt in this				
yaar)		33 - 0011	pation40	Other Contributory Car	nees of Importance		
2. BIRTHPLACE (ci	ty or town) Mar	yland			acce of importance.		
(Stata or cour				Brown	des fueres	and	13
13. NAME	Louis Staup			(Palient	herd feel ru	edical se	lede
	(city or town)			Nama of oparation		Oate of.	
(Stata of		aryland			iagnosis?		
15. MAIOEN NA	ME Catheri	ne Weddle			external causes (VIOLENCE) fi		
16. BIRTHPLACE	(city or town)	a w 2			omicida?	Date of injury	, 19
				Where did injury occu	(Specify city or occurred in INOUSTRY, in HO	r town, county and St	ate)
7. INFORMANT (Address)	Guy E. Bar 242 EasthT			Specify whather injury	owalied in Incoolni, iii no	ome, of in robett P	LAUE.
8. BURIAL, CREMAT	TION, OR REMOVAL	Md.					
Placa_Mt.	Olivet,Fredk	- Oato 11/	26 19 33	Natura ol injury			
9. UNOERTAKER	M.R.Etchiso	n &Son		24. Was diseasa or inju	iry in any way related to occur	pation of deceased?	ms
(Address)	Frederick,			If so, specify	6 9 15		Pg
D. FUED 2 4-1	om 1923 on	al mi	chul	(Signed)	141. 100	augu	M.
			Registra	- 11	TALL	0 0 0 000	111

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

1. PLACE OF DEATH	1	163
County	7	Registration Dist. No. / 🏂
		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs,mo	sds How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Justil	· O Garion	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	Small	(Month) (Oay) (Yeer)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceesed from
0	. 1	Jan 5 19.27, 10 100. 22 , 19.33
DATE OF BIRTH (month, day, end year)	pt. 21, 1876.	Mast saw h La elive on Mol. 22, 19.3.3; deeth is seid
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 124 Com. The PRINCIPAL CAUSE OF DEATH end related causes of importence
28 2.	ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lune Work	
9. Industry or business in which		Careman of Seven 1921
work was done, es SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and	11. Totel time (years) spent in this	
year)	occupation	Other Contributory Causes of Importence;
2. BIRTHPLACE (city or town) - Arla	ench Coniff	-
(State or country)	mary land	
13. NAME Willsom a	Baston	
14. BIRTHPLACE (city or town). Jene (State or country)	ench County	Name of operation
(State of country)	e la ma	What test confirmed diagnosis? Was there en eu'opsy?
15. MAIOEN NAME Clara Z	10 gles	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	dericas Connel	Accident, suicide, or homicide?
(State or country)	mar	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT De Garlor (Address) Walberson	ue mot	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 05	Manner of injury
Mit Solar Production	Oate 100 25 , 1938	- Nature of injury
19. UNDERTAKER & Bay	ton	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Walkers	vice ma	If so, specify
20. FIRM 24 33 P	1. 1 1	(Signed) D526 12 M. D. M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B) 11115
County Frederick	Registration Dist. No. 136
Village or City Meau Me Word	No. St., Ward
Length of residence in city on town where dagth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Caralin Evan	Bell
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female Colored S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Ba. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Lung 73, 1933	I last saw h. alive on 11- 70 1933; death is said
7. AGE Yaars Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. All Housely or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this pecupation (month and specific profession).	Rachitis 11/1
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O Oate daceasad last worked at this occupation (month and yaar)	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Marylon (State ar country)	Other Coatribatory Causes of Importanca:
13. NAME Jesuvood Bell	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME Ladel House	23. If daath was due to extarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida?
17. INFORMANT Sympood Bells (Addrass) Sichele son Md.	Whera did injury occur?
18. BURIAL, CREMATION OR REMOVAL Place Della Mid Oate 11/22, 1933	Mannar of injury
19. UNDERTAKER M. S. Clanison Hon (Addrass Le Leucks Miles	24. Was diseasa or Injury In any way related to occupation of deceasad?
20. FILED non 21, 1933 9, Offmdrichen Registrar.	(Signed) M. D. M. D. (Address) True Color of the Color of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEC 2 1003	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIE	OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	. 0	
County of real	rick	Registration Dist. No. 137
Village or City State.	Sanatorin	no. Md. St., Ward
Length of residence in city or town when		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME	plon Ships	1 Birls
CEAL	TALE SANATORION.	s a la l
(a) Residence: No.	(Usual place of above)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH
male white	married	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of		
(or) WIFE of	wn	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Sent 3 1879	Hast saw h Associative on Mov 19 193 3 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
54 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular). \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	son worker	(ulmonary / ullrailosis
work was done, es SILK MILL.		[
O 10. Data deceased last worked at	11. Total time (years)	
this occupation (month and year)	spent in this a dia o b)
12. BIRTHPLACE (city or town) Man	uland	Other Contributory Causes of Importance:
(State or country)	8	Falal Fulmonery Hemorrhago
# 13. NAME Silas M	·Bish	
14. BIRTHPLACE (city or town)	oryland.	Neme of operation None Rate of
(otate of country)		What test confirmed diagnosis? Chest X 1944 P.P. Was there an autopsy?
15. MAIDEN NAME Mary	a. Crowl	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) M. Sur	ryland.	Accident, suicide, or homicide?
(State or country)	•	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Char. E. Bush	(on admission)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 60 Plyma 18. BURIAL, CREMATION, OR REMOVAL	ave wesminsterme	4 • • • • • • • • • • • • • • • • • • •
Place Westminster M	Dete19	Manner of injury
Mr. P Bank	anda X 61 mai	110
19. UNDERTAKER VICA COMPA	en Alan Carrell Co	24. Was disease or injury in any way related to occupation of deceased?
11/20 12	NU	(Signed) Staffer M. D.
20. FILED	Registrar.	(Address) State Sanatorum Md.
If mo	ve blanks are meeded addess State Period	Al Chalassan Baltin Barrellia Barrel

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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RUREAU V. R				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH	1116
1. PLACE OF DEATH		101	
000111)	11-4 h. 1	Registration Dist. No. /_ 4	
Village or City New Bya.	LAOUR MA	NoSt., (If deaph_occurred in a horpital or institution, give its NAME instead of street and	ward
Length of residence in city or town where dea		os. ds. How long in U.S. If of foreign birth? yrsn	
2. FULL NAME ROCA &	lizabeth	Dleutlinger	
(a) Residence: No. Mean 03	Andder he	d St., Ward.	
PERSONAL AND STATISTIC	(Üsual place of abode)	If nonresident give city or town and	d State
	. SINGLE. MARRIED. WIDOWED.	21. DATE OF DEATH	
Fruil White	OR DIVORCED (write the word)	1/4. 9"	, 198 3
a. If married, widowed, or divorced	mowed	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of Laborales	Blentlinger	22. I HEREBY CERTIFY. That I attended	deceased from
211-	reh 15th 1864	420	19.0
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1-30 m.	; death is said
68 7	/ C 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	ormin.	were as follows:	Date of ensel
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	tiel	allele Robas Premuoma	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
0 10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spant in this occupation		
12. BIRTHPLACE (city or town) Freder	ick Co.	Other Contributory Causes of importance:	2
(State or country)	ned	_	
13. NAME Charles Far	und Klein		-
13. NAME Charles For	ned	Name of operation Date of	-
(State of country)	12 14	What test confirmed diegnosis?	autopsy?
15. MAIDEN NAME Chi beth 16. BIRTHPLACE (city or town) My	10. Juich	23. If death was due to external causes (VIOL ENCE) fill in also the followin	•
16. BIRTHPLACE (city or town) (Stete or country)	rud	Accident, suicide, or homicide? Date of Injury	., 19
7 0. BO	thing	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ile)
17. INFORMANT Description (Address) Fraderick ne	1. RASK5	Specify whether injury occurred in INDUSTRY, in nome, or in Public Pl	AUE.
18. BURIAL, GREMATION, OR REMOVAL	m. Hel.	Manner of Injury	
Place Place	Date 1000.0 - 193.	Nature of injury	
19. UNDERTAKER 6.E. Coli	n Hoy	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Trederick	ned	If so, specify	
20. FILED 4-12 , 1983 0000)	meenly	(Signed) Allaces / 22 Correct St.	М. Г
	Registrar.	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

PQ.

STATE O	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			119
County told	-4		Registration Dist. No. 13
Village or City Museul	le Dis	N	No
Length of residence in city or town where	death occurred	() mo:yrsmo:	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME	and	101 B	oole
(a) Residence: No. 100 0 (1400	melic	St. Ward.
(2) 110010011001	(Usua) place	of abode)	If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	el 17-	-1933	I last saw h 1200 alive on 41 - 49 , 19 3 3; deeth is sail
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1230 9 m.
0 /	3	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, profession, or particular		1 01	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	non		Castro Enterites
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			/
O 10. Date deceesed last worked at	11. Total t	ime (yeers)	
this occupation (month and year)		nt in this upation	
12. BIRTHPLACE (city or town)			Other Coutributory Causes of Importanco:
(State or country) Fel.	ು		
13. NAME Sime C	300n		
13. NAME Some C	71-1		Name of operation Date of
(State or country)	2 10.	1	What test confirmed diegnosis? Was there an autopsy?
I 15. MAIDEN NAME Myrlls	m rn	reler	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	no d		Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	2		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Elme C	wy 1	The	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	no	90 1033	Manner of Injury
Place Maufil aller	1. Date	96 ,19.33	Nature of injury
19. UNDERTAKER Towell & the (Addiess) Lefect to	aug L	<u> </u>	24. Was disease or injury In any way related to occupation of deceesed? If so, specify
20. FILED Wor 70 , 1933 M	X. Cury	Registrar.	(Signed) M. D. (Address) M. D.
. If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage .	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- AY25	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN.
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

	(82-61)
County tredesite	Registration Dist. No. 141
Village or City / I reing week Trans	ND. St. War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmosd
FULL NAME JOHN / Dower	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrise the word)	21. DATE OF DEATH 7 7 193 3 (Month) (Day) (Year)
If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH (month, day, end year) Willy 24 1056	I last saw h Lucalive on Arr. 20 ,1932; death is sai
GE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
77 5 14 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done as SPINNER.	Date of once
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	4 Coapeal Hawaring
work was done, as SILK MILL, SAW MILL, BANK, etc	1 107
10. Dete deceased last worked at this occupation (month and year)	
BIRTHPLACE (city or town) (Stete or country)	Dther Contributary Causes of importance:
13. NAME Arthur Brites	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Fielder	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
INFORMANT Imo John It Bowers (Address) Brune tolk mod	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mian Cemetry Date Voy 9 , 1823	
UNDERTAKER A A A 2 + 2 4 con (Address)	24. Was disease or Injury in any way related to occupation of deceased?
FILED NAD 8 1933 VANS. N. S. H. d. 15	(Signed) Xem WW

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

ż

STATE OF MARYLAND—	3
County Frederick	Registration Dist. No. 134
Village or City Punitaling)	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WOOWED, OR DIVORCED (write word)	21. DATE OF DEATH // 28 ,1933 (Yeer)
ia, If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I atlended deceased from 1/2 1933 to 1/2 1933
DATE OF BIRTH (month, day, end yeer) Low. 28-1933	I lest saw her alive an stell boy 11/2K, 19.33; death is sai
7. AGE Years Months Days If LESS than 1 dey,hrs. or min.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, CLOVE SAWYER, BDOKKEEPER, etc.	Stillbour - cause
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and	suknown
this occupation (month and spant in this occupation. IZ. BIRTHPLACE (city or town). (State or country).	Dther Cantributory Causes of Importance:
13. NAME Educard Bowers	
13. NAME Several Bowers 14. BIRTHPLACE (city or town) from the large (Stete or county)	Name of operation Date of Whet test confirmed diagnosis still fare. Was there en au'opsy
15. MAIDEN NAME Sle sheet Velus Lehr	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Cle sheet Oeling Lehro 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Clural Baccelo (Address) Commitating and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR RENDUAL PIECE Guerritaking Well Date 200 29,1933	Menner of injury
19. UNDERTAKER U. J. Shuff In tuck	24. Was diseese or injury in any way related to occupation of deceased?
20. FILEO MV- Z8=, 19 33 M. F. Shriff	(Signed) W. Caddle M. (Address) Smuthly Ma

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			f	

2417	ADDITIONAL STACE FOR FURTHER STATEMENTS BY THISICIAN				
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ADDITIONAL OR OF COLOR OF THE COLOR OF A PARTICLE AND A PARTICLE A

ate A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	1591
ould OCC	County Frederick	Registration Dist. No/2/=
should of OCC	Village or City Federick (If	No. 33 Haccolton Ave St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
200 +	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
CORD. Every PHYSICIANS ct statement	2. FULL NAME Suface Brigh	twell-
D. SIC tat	(a) Residence: No. 33 Hamilton av	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC. P. P. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EZ.	3. SEX 4. COLOR OR RACE North OR DIVORCED (write the word)	21. DATE OF DEATH NOV - 2V 1983 (Year)
CT J Sified	5a. If married, widowed, or divorced HUSBAND of	
- Sa	(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
PERM EX ly cla	6. DATE OF BIRTH (month, day, and year) Nov. 29/33	I last saw h A elive on 1774 25 1933 : deeth is seld
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 11:50 m.
IS A I stated properline	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
	8. Trade profession or particular	Date of onset
HIS be be of	SAWYER, BOOKKEEPER, etc.	The son a went
should it may n back	Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
INK. sho	0 10. Date deceased last worked at 11. Total time (years)	
	this occupation (month and spent in this occupation occupation	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) - Frederick	Other Contributory Causes of Importance:
d.	(State or country)	
UNFADIN supplied. An terms, so t	13. NAME acris to Brightwell	
H U	13. NAME Service Original 14. BIRTHPLACE (city (15 wn) Trescounts	Name of operation Date of
WITH sfully s n plair	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITH UNFA carefully supplied H in plain terms, ortant. See instru	15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	5 16. BIRTHPLACE (city or town) The Co	Accident, suicide, or homicide? Date of injury, 19
AINLY, ld be car DEATH y import	(Stete or country)	Where did injury occur?
E PLAI should I OF DE	17. INFORMANT Con Brightiell (Address) Festive ned	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ion SE	Place MA Devert Cian Date 2017 19 5	Neture of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER O. L. Colina, Horal, (Address)	24. Was disease or injury in any way related to occupation of deceased?
H T	20. FILED 27 Mounte 19 3 8 Dona / meeul	(Signed) M. D.
Z	Registyar.	(Address) the deed fled
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY PHYSICIAN
tovauthouseting Ochange date	
under Shesher.	1

1	STATE OF MARYLAND	CERTIFICATE OF DEATH
1	L. PLACE OF DEATH .	(23)
	County O'redurer	Registration Dist. No.
	Village or City State Sana www.	No.— \(\sqrt{A} \) St., Ward feeth occurred in a horpital or institution, give its NAME instead of street and number)
4	Length of residence In city or town where death occurredyrs	s. 2. 9. ds. How long in U.S. if of foreign birth?yrsmosds
2	. FULL NAME MARYLAND TURERCHLOSIS SANATO	ORIUM
	(a) Residence: No.	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1	male whate warried.	107-26,1933
5a.	If married, widowed, or divorced	(Month) (Day) (Year)
	(or) WIFE of John E. Clark	22. I HEREBY CERTIFY. That I ettended decessed from 27 1933, to 26 19.3
6. 1	DATE OF BIRTH (month, dey, and year) Caril 1.14.1904	I last saw h 12 alive on NOV 26 ,1933; death is said
7. /	AGE Years Months Deys If LESS than	to have occurred on the date steted abovo, et 8:42.P.:_m.
	29 7 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
S	8. Trade, profession, or particular kind of work done as SPINNER.	Date of onset
⊢ ⊸	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	DA
UPA	work wes done, as SILK MILL, SAW MILL, BANK, etc.	Jusmonary woraloss
OCCO	10. Date deceased lest worked at this occupation (month and part 1933 spant in this 13 yruser)	
	20000	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town) V Carry (State or country)	The state of the s
ER	13. NAME Daniel Mc thery	TIA Enterition
FATH	TA PURTURIAGE CAN THE STATE OF	Name of acception 12 Am I
	14. BIRTHPLACE (city or town) - I Man (State or country)	Whet test confirmed diagnosis? Must Xnay Y 60 Was thele an autops?
=	15. MAIDEN NAME Wary Clark	Whet test confirmed diagnosis? VIVIA J. Was file?e an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHE	16. BIRTHPLACE (city or town) Ireland.	Accident, suicide, or homicide? Date of Injury 19
×	(State or country)	Where did injury occur?
17.	INFORMANT agnes & clark (on admission), (Address) & UY monther dave. Baltoind.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Ballo Ma - Date milenning	Nature of injury
19.	UNDERTAKER M. L. Creaging (Address) I man month of the second of the se	24. Was disease or injury in any way related to occupetion of deceased?
20.	FILED M/N 1927	(Signed) Survey & M. D.
	Registrar.	(Address) Alale A. Mayorum Yna.
	If more blanks are needed, address State Registrar	2477 N Charles Street Relaiman Demostra 71 S Mr.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ogo
Other contributory causes of importance:	1 1020	Other contributory causes of importance:	1
Gollstones	Moy 1,1923	Gostroenterilis	1 year

STATE C	F MARYLAND—	CERTIFICATE OF D	EATH 11123
		Racintro	ation Dist. No. 13 8
County Frederick Village or City Bartonsvill	A	ND.	St. Ward
	(1	f death occurred in a hospital or institution, give its N	AME instead of street and number)
		ds. How long in U.S. If of foreign birth	i?ds.
2. FULL NAME Owen Niche	olas Diggs.		
(a) Residence: Np.	(Usual place of abode)	St., Ward.	sident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX 4. COLOR OR RACE colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Novemb	Der 18, 3 (Veer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Ross			1 F Y. That I attended agreemed from
6. DATE OF BIRTH (month, day, and yeer)	Aug. 9, 1876	I last saw h	19 3 deeth is said
7. AGE Yeers Months	Deys If LESS than	to heva occurred on the date stated above, all	
57 3	9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted were es follows:	d causes of Importance
8. Trade, profession, or particular kind of work dona, es SPINNER LAIS SAWYER, BOOKKEEPER, etc	orer ne Quarries	alote	4 11/5
SAW MILL, BANK, etc	II. Total time (years) 30 occupation	/ L	/_J
12. BIRTHPLACE (city or town) Maryla) (State or country)	nd.	Othar Contributory Causes of Importanca:	lena Ksa
13. NAME Michael Diggs			
13. NAME Michael Diggs 14. BIRTHPLACE (city or town) Maryls (Stete or country)	and	Name of operation	Date of
15. MAIDEN NAME Milanda Go	oden	23. If death was due to externel ceuses (VIOLEN	CE) fill in elso the following:
15. MAIDEN NAME Milanda God 16. BIRTHPLACE (city or town) (Stata or country)	land	Accident, suicide, or homicide? Whera did injury occur?	Date of Injury 19
Mrs. Margaret Bowie. 17. INFORMANT Frederick, Md.		Specify whether Injury occurred in INDUSTRY,	ity or town, county and State) in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bartonsville, Md.		Manner of Injury	
M. R. Etchise 19. UNDERTAKER Frederick, Medicass)	on & Son	24. Was diseese or injury in any way related to	occupation of deceased?
20. FILED NOV. 28 , 1933 Luc	ian K. Falconer.	(Signed)	and M.D.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4.8-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	28
county of rederick	Registration Dist. No. 139
Village or City State Sana oru	No Mod. St. Ward
7	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredm	os/_ ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James a. Do	rulee fr.
(a) Residence: No. MCRYLAND TUBERCULOSIS SAN	ATORIUM Ward. College Fark. Md.
O Sual place of shock	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Walte word)	21. DATE OF DEATH . 6 . 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIEE of ctrances L. Dorrille	22. I HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) Feb. 14.1890	Hast saw h. Mar alive on MAN 6 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:45 Pm.
1/2 P 9 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Soleannous	0 1 - 1
9. Industry or business In which	Marina arul 11 Marin Marin
SAW MILL, BANK, etc.	- 1239-1-120000000000000000000000000000000000
10. Date deceased last worked at this occupation (month and 3 - T Grant in this)	
yaar) OCA-1224 occupation Uplelle	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Mary and.	
(State or country)	tatal Bulmonary Hernier hage
13. NAME James a. Dorrile	
14. BIRTHPLACE (city or town) Maryland.	Name of operation. Date of
(State of country)	What test confirmed diagnosis? What X ray Y Cas. Was there an au'opsy? No
15. MAIDEN NAME Jelen G. archer	23. If death was dua to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Maruland:	Accident, suicide, or homicide?
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT J. a. Dovitee Jr. Con admission	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) College Park Md.	
18. BURIAL, CREMATION, OR REMOVAL Place January Quality Date Marketing	Manner of injury
Place Date Date	Nature of Infury
19. UNDERTAKER M. L. Creager	24. Was disease or Injury In any way related to occupation of deceased?
(Address) www.outh	If so, specify
20. FILED. 1. 613 319	(Signed) durant d. Mafferm. D.
Registrar.	(Address) La le Janaloum MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of de of importance were as foll Arteriosclerosis	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	DEC 4 1000	1921	Run over by street car	1 week ago
Cercbral hemorrhage	0 0 100	July 5,1927	Peritonitis	3 days ago
	BURHAU V.		· ·	
Other contributory causes of importance:		^	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			The state of the s	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	125
1. PLACE OF DEATH		
· County Frederick Too	Registration Dist. No. 153	5
Village or City mar Walherswille	No.	Ward
	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Rey Cals. Conory De	udrear	
(a) Residence: No.	St., Ward.	
(Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and a MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
male Whate OR DIVORCED (wave the word)		193 3
5a. If married, widowed, or divorced	(Month) (Day)	(Yaar)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	leceased from
^	, 19, to	, 19
6. DATE OF BIRTH (month, day, and year) Weec. 6, 1850	I last saw h aliva on, 19	; death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the data stated above, at S. G. m.	
82 // 2/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,		
SAWYER, BOOKKEEPER, etc. MANAGEMENT OF SAWYER, etc. MANAGEMENT OF SAWYER	arterio-velurio	1923
work was done, as SILK MILL, SAW MILL, BANK, etc.		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupetion (month and spant in this		
year)	Other Coutributory Causes of importence:	
12. BIRTHPLACE (city or town) Maryland	Ouctral Tunovations	1933
(State or country)	Weath secund to got.	-1
13. NAME Kandolf Dudreger	man arrival)	
14. BIRTHPLACE (city or town) FIMELY (City or county)	Nama of operation Dete of	
(State of country)	What test confirmed diagnosis? Was there an at	J'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:	
5 16. BIRTHPLACE (city or town) Inaly land	Accident, suicide, or homicide? Data of injury	, 19
E (State or country)	Where did injury occur?	
17. INFORMANT FORMY E. Enamer (Address) Fresherikma R. F. D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place M. Oliveformout Nov. 39, 1933	Nature of injury	
19. UNOERTAKER & W. Wright (Address) Waltzerseich	24. Was disease or injury in any way related to occupation of deceased?	no
20. Reving 33, R. Hard Stauffer	(Signed) 122 pols of some	M. D.

If more blanks are needed, address Stare Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Every PHYSICIANS statement

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Registrar.

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Gallstones	May 1,1923	Gastroenteritis	1 year

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or- nte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infe sta UP	1. PLACE OF DEATH	
of DOC	County traderick	Registration Dist. No. / 3/-
should f OCC	Villago or City Frederick	No. 101 E. Thureh St. Ward
.= .0		death occurred in a horpital or institution, give its NAME instead of street and number) 20 ds. How long in U.S. if of foreign birth?
ND. Every VSICIANS statement	2. FULL NAME Andelle M. Ete	Les and the state of the state
o. E	(a) Residence: No. // 0 / E. Church	Ch Ward
61	(Usual place of abode)	St., Ward. If nonresident give city or town and State
RECC. PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
£ 7 .	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
A C T ssifted	5a. If married, widowed, or divorced HUSBAND of	
IAN A C Issi	(or) WIFE of Marshall Etthis	22. I HEREBY CERTIFY, That I ettended deceased from
ERN EX cla	6. DATE OF BIRTH (month, dey, and year) Jept. 21-1852	I last saw h, 62 alive on V V / 4 / 19 3 9 death Is said
PH d H erly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
IS A PE stated E properly certificate	8/ / 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
70	8 Trade profession or particular	Date of onset
HIS he he be	SAWYER, BOOKKEEPER, etc.	Coy your A Gut 18
ould may back	kind of work done, as SPINNER, Netures SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11 Total time (years)	Africa Hotaston Can
Sh it	10. Date deceased last worked at this occupation (month and spant in this	1/1/1/000000000000000000000000000000000
	year) occupation	Other Contributory Causes of Importance / 199 (
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Damaseus	Coloners of ment of
FAI ied. ns, tru	(State or country)	T. 1211 A) 1. 7 has 1822
UNF suppli n term ee ins	13. NAME Deorard 6. Mulling 14. BIRTHPLACE (city or town) Waryland	The state of the
H 70	(State or country)	Neme of operation with the Date of Delg
		What test confirmed diagnosis August Was there an au opsy? The
INLY, W be carefu EATH in important	I De la	23. If deeth wes due to external causes (VOLENCE) fill in also the following:
LY Ca TTH Por	State or country)	Accident, suicide, or homicide?
	17. INFORMANT Mrs. Robt Delaplacia	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Frederick Mid	
E S S	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
-WRITI	Place My Olwif Clux. Date 17, 1933	Nature of injury
Mation CAUS TION	19. UNDERTAKER 10- En lo line Hory (Address) Fudurels Mid	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
m A	20. FILED/7-Non 1938 Doal meeuls:	(Signed) A M.D.
Z	Registrer.	(Ardress) - Frankrunt M
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	53)
County Frederick Con	Registration Dist. No. 153
Village or City Walkerswille	
Village of City - CCC (If	NOSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Sumon P Eyl	er
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH NOVEMBER 160, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Philos Van Fossen Eyler	22. HEREBY CERTIFY, That I attended deceased from 1921., to MM. 16. 1922
6. DATE OF BIRTH (month, day, and year) aug. 19, 18 60	i last saw h were alive on hor / 6
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
73 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 9 Trade confession or service to	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Lene Maker	Sansana - of a bull 1930
	The state of the s
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and 929 year) occupation 4. Our	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mary (State or country)	Teptice municipalities not.
	1932
13. NAME Plur Eyer	
13. NAME ACT Eyler 14. BIRTHPLACE (city or town) Mary and	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. here Cylery	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Woodstart Date NOV, 18, 19 33	Nature of Injury
19. UNDERTAKER Y. W. Wright	24. Was disease or injury in any way related to occupation of deceased?
(Address) Walkerswiffe md	if so, specify
10 512 April 18 33 PSI 1 N - 11	(Signed) Dazable M.D. M.D.
20. FIXEN LA D. DO Thank & Musical	(Address) Mach Reserville Mrs.

If more blanks are needed, addyss State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 1921 Run over by street car 1 we Cerebral hemorrhage July 5,1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance:	il	Example II	
Chronic interstitial nephritis 1921 Run over by street car 1 we Cerebral hemorrhage July 5,1927 Peritonitis 3 da Other contributory causes of importance: Other contributory causes of importance:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage July 5,1927 Peritonitis 3 da Other contributory causes of importance: Other contributory causes of importance:	1915	Attack of epilepsy	1 week aga
Other contributory causes of importance: Other contributory causes of importance:	1921	Run over by street car	1 week aga
	July 5,1927	Peritonitis	3 days ago
Gallstones May 1,1923 Gastroenteritis 1			
	May 1,1923	Gastroenteritis	1 year
		1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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V. S. No. 1 N. B.

mation should be carefully supplied. AGE should be stated EXACTLY. PIIYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	50
county of rederick	Registration Dist. No. 137
Village or City State Sanatorum	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	22 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME MARY L. Fleur	y a at
(a) Residence: No. 1157 Navaicable 37	St., Ward. Ballo. Ma.
STATE (Very place of the thin) MD	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Lemale white OR DIVORCED (write the word)	(Month) (Day) (Year)
Sa. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Jesse Tleury	Ou 9 26 1933 to Mart 18 1933
6. DATE OF BIRTH (month, day, and year) March: 6. 1886	I last saw Dea alive on Nov 17 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1: 45 A.m.
47 8 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of one ot
SAWYER, BODKKEEPER, etc.	P. A.
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ourmonary Carcinoma
11. Total time (years) this occupation (month fid 1933 11. Total time (years) spent in this occupation year)	
12. BIRTHPLACE (city or town) Maryland	Other Cantribatary Causes of importance:
(State or country)	Carcinoma of Breast
13. NAME John Schuenner	The state of the s
13. NAME John Schuenner 14. BIRTHPLACE (city or town) Maryland	Name of operation (lemoval of Breast, Date of 15 mos ago
(State of country)	What test confirmed diagnosis? Un Confirmed as there an au'opsy? No
15. MAIDEN NAME Caroline Manner	23. if death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Caroline Manner 16. BIRTHPLACE (city or town) Mary land. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mary L. Fleury (on admission (Address) 157 Naticale St. Ball M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of Injury
Place Ballo. Ma Date Jumming	Nature of injury
19. UNDERTAKER M. Crystoff	24. Was disease or injury in any way related to occupation of deceased? NO
(Address)	if so, specify
20. FILED 18733, 19 Registrar.	(Signed) Advan A. M. D. (Address) State Sanatorum my
76 111 11 11 11 11	(Noutess) / Or and a series of the series of

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 DE			
Other contributory causes of importance;	100	Other contributory causes of importance:	
Gallstones Con 10N	May 1, 1923	Gastroenteritis	1 year
The same of the sa		4:	

STATE OF MARYL	AND-	CERTIFICATE OF DEATH	0
1. PLACE OF DEATH,		157-2	100
County Fulericle		Registration Dist. No. 13	8
Village or city? Ijanusville Red		No	Ward
Langth of residance in city or town whera daath occurred		death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Jearlem Pla	oh		
(a) Residence: No.		St., Ward.	
(Usual place of ab PERSONAL AND STATISTICAL PARTICU		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Standle **Color OR RACE OR DIVORCED (write tha word)		21. DATE OF DEATH	, 193 3 (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended of July 26 - 1933, to Westernless	
6. DATE OF BIRTH (month, day, and year) 7-26-196	33	I last saw has alive on Us 24 - 1933	; daath is seid
	If LESS than day,hrs.	to have occurred on the data stated above, at # PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last workad at this occupation (month and spent in	yaars)	Congruetal Debibly	7-26,38
12. BIRTHPLACE (city or town) Line Production Production	6 Go. Red	Other Contributory Causes of importance:	
(State or country) 3. NAME Layl 6. Flools 14. BIRTHPLACE (city or town) Frederich Los. No.		longuidal realformation of	7-26.33
(Stata of Country)		What test confirmed diagnosis? Chimical Was there an a	
15. MAIDEN NAME Paulin Wass		23. If death was due to external causes (VIOL ENCE) fill in also tha lollowing	
15. MAIDEN NAME Parlier Trease 16. BIRTHPLACE (city or town) Parlier to See 1 Trease (State or country) 17. INFORMANT Lloyd & Lloole (Addrass)	<u></u>	Accident, suicida, or homicide? Date of injury Whare did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:)
18. BURIAL, CREMATION, OR REMOVAL Place Muddletaury Md Date 11 /	25,19 83	Mannar of injury 20 20 20 20 20 20 20 20 20 20 20 20 20	
19. UNDERTAKER M. R. Celchisan H. (Addrass) Frederick, Md 20. FILED 1.1-24, 1933 Lucian K. Fad	low Leons Registrar.	24. Was disease or Injury In any way related to occupation of dacaased? Il so, spacify (Signed) (Addrass) Signature Wish	74. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		+daviso = 14	3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Told In the County	139
Village or City	
Length of residence in city or town where death occurred	
Length of residence In city or town where death occurred yrs mos. 2.5 ds. How tong in U.S. if of foreign birth? yrs. 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced (Month) (Day	f street and number)
(a) Residence: No. Providence Company of the Compan	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced STATE (MARRIED, MD) MEDICAL CERTIFICATE OF D 21. DATE OF DEATH (Month) (Day	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced MEDICAL CERTIFICATE OF D 21. DATE OF DEATH (Month) (Day	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced (Month) (Day	
Male white OR DIVORCED (write the word) 5a. If married, widowed, or divorced (Month) (Day	EATH
5a. If married, widowed, or divorced (Month)	20193 3
	(Year)
HUSBAND of (co) WHE TO C C C C C C C C C C C C C C C C C C	I attended deceased
0 14 16 (6) March 25, 1933, to YUN	2 0 , 19 3
6. DATE OF BIRTH (month, day, and year) DOC. 24. 1869 I tast saw h Nov. alive on NOV 20 7. AGE Years Months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days Da	; death Is
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Impo	dence
ormin. were as follows:	Date of o
kind of work done, as SPINNER, of armer Pulmonary whereal	10
Industry or business in which	A 2003
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O 10. Date deceased last worked at 11. Total time (years)	
year) Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Name of operation Name of operation Name of operation	Date of
What test confirmed diagnosis? [MAN X SOY Y TO So. Wa 15. MAIDEN NAME Clara J. Tolman 23. If death was due to external causes (VIDLENCE) fill in also the	s there an autopsy?
16. BIRTHPLACE (city or town) Date of Inj	
17. INFORMANT Chas. C. Galder (on admession) Specify whether injury occurred in INDUSTRY, in HOME, or In	nty and State) PUBLIC PLACE.
(Address) Princess anne. Md.	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Vinces Comme Moale Water Malure of injury Nature of injury	
19. UNDERTAKER M. L. Creage 1. 24. Was disease or injury in any way related to occupation of de	ceased?VO
(Address) Thurmontal Mc If so, specify A	110
20. FILED (Signed) (Signed)	THEC
Registrar. (Address) Llow Struction of the Manual of the M	m Vu

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Example I	do not not not not not not not not not no	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ö	
Z	
u)	

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Frederick	Registration Dist. No. 15
Village or City Fre V31-8ddogk	No. St., Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
7. /	os. ds. How long in U.S. if of foreign birth?yrsmos ds
2. FULL NAME J 2006 Gibbon	\$ /
(a) Residence: No. Bradelle	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Say) (Year)
A If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased fro
StellaGibbons	nor 13 ,1827,10 200 /31933
5. DATE OF BIRTH (month, day, and year) Nay 8, 1870	I last saw has elive on Koy 13 , 19-33; death is sa
7. AGE Years Months Days If LESS than 1 day,hr.	to have occurred on the date stated above, at 70ni
63 6 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	the said make
kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	NOV!
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1 9 3 11. Total time (years) 11. Total time	A las + O Bligg Diffit
10. Date deceased last worked at 1933 11. Total time (years) 11. Total time (years)	alluse attended to any
year) occupation	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) Freder JCK	0
(State or country)	- Chrone nefluilis, geas
13. NAME Jeab N. Gibbons	1
14. BIRTHPLACE (city or town) Braddock (State or country)	Name of operation POPC Dete of
((diete of county)	Whet test confirmed diagnosis?
H- TON MI	23. If death was due to externat causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city er town) 111 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur?
Stella Gibbans	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Braddock, M	F
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mount Divertoible Nov. 16, 1980	Neture of injury
19. UNDERTAKER CT. K.C. Ladhill	24. Was disease or injury in eny way related to occupation of deceesed?
(Address) Middletoggra, Md.	If so, specify
20. FILED / 6- Nor, 1932 Symtemay	(Signed) M
Reistrar.	(Address) TIRE ADMILL (III

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V 8	1		
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones &	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

B.-WRITE PLAINLY, WITH

STATE OF MARYLAND— 1. PLACE OF DEATH County Judenick	CERTIFICATE OF DEATH
Village or City Moulence Joseph Lul	NDMantaus Wafut of St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs. mos 2. FULL NAME May Sarah Slachen	7_ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Emmitstury W. (Uaual place of abpde)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 6 , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Glacker	22. I HEREBY CERTIFY, That I attended deceased from 1933, to Nov 25 1933
C DATE OF DIRTH (month day and	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw hele alive on 2 4 , 19-33; death is said to have occurred on the date stated above, at 5-30 Q m. The PRINCIPAL CAUSE OF DEATH and related dayses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onset
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this occupation (month a	Varalysis Left: Non/8
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Coutributory Causes of importance:
13. NAME LINETULE (city or town) LINECULAR (CITY OF TOWN) LINECULAR (CITY OF TOWN) LINECULAR (CITY OF TOWN)	
(State or country)	Name of operation Date of Was there an autopsy? To
15. MAIDEN NAME Lukeraure	23. If deeth was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Luceracus 16. BIRTHPLACE (city or town) Luceracus (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT James Que Jones Sugt (Address) Morriege Brook Fred H. M. a	Where did injury occur?
18. BURIAL, CARDATION, OR REMOVAL Place Place Date 1/27, 19 33	Manner of injury
19. UNDERTAKER Wight Shall will have the state of the sta	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 23-Am, 1933 acom for special	(Signed) 130 Thornes M. D. (Address) Trusteriel, 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OEC 8 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	elc -	Registration Dist. No. 14
Village or City / 3 /Ceru		No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME (a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	Arr 12 1933	22. I HEREBY CERTIFY. That i ettended deceesed from 19.33., to 19.50.
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months	Deys If LESS then 1 day, 1 hrs. or fnin.	to have occurred on the date stated above, at \$60 pm.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	II. Totel time (yeers) spent in this occupation	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	War Suffer	Neme of operation
15. MAIDEN NAME GOVE LEVE 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	Mel.	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIECE OF THE	Dete 1802 ,1933	Manner of injury
20. FILED MOV 72 , 19 33 M	M- NS - Hidy No.	(Signed) OF A Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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Village or City 13 Cec Length of residence in city or town whare		ND. If death occurred in a hospital or institution of the second of the		Dist. No. 2	
Length of residence in city or town whare	(1			St.,	Ward
2. FULL NAME	death occurred yrs.			1E instead of street a	and number)
	4.17	Cets on all	toreign birth:	yis	mosas
(a) Residence: Np.	***************************************	St., Ward.	rner		
(a) Nesidence. ND.	(Usual place of abode)	Su, Watu.	If nonresiden	it give city or town	and State
PERSONAL AND STATIST			ERTIFICATI	E OF DEATH	1
3. SEX 4. COLOR OR RACE Whole Whete	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	/month)	10 (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	0	22. I HEREBY	CERTIE	V That I atton	ded deceased from
(or) WiFE of	1 1 7 5 5	Nov 1	, 19 33, to	N 70	19.3
6. DATE OF BIRTH (month, day, and yeer)	00 15 1933	I last saw h alive on	m	, 19.	3.3, daath is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT		-Mm,	
8. Trade, profession, or particular	ormin.	were as follows:		ses of importance	Date of onset
hind of work done on CDINNED	**************************************	Truster	e Au	illo	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
O kiQ. Date deceesed last worked et	11. Total time (years)	-			
this occupation (month and year)	spent in this occupation	Dit. Continue Continue			
12. BIRTHPLACE (city or town)	usurl	Dther Coutributory Causes of impo	ortance:		
(State or country)	000	mae. Boto	welle	len	
13. NAME LOTAL V. 14. BIRTHPLACE (city or town)	7 wines				
14. BIRTHPLACE (city or town)		Name of operation			
# 15. MAIDEN NAME Evelyn	R. Heeffes	What test confirmed diagnosis? 23. If death wes due to external car			
16. BIRTHPLACE (city or town)	n = 011	Accident, sulcide, or homicide?			
(Stete or country)	80	Where did injury occur?		or town, county and	State)
17. INFDRMANT (Address)	7 aline	Specify whether injury occurred in	INDUSTRY, in H	OME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 1 iii	Manner of injury			
Place Vertt3 nll	Date 1 , 193	Nature of injury			
19. UNDERTAKER S. A. 7 W	le YAM	24. Was disease or injury in any w	ey related to occu	pation of deceased?	
(Address)		if so, specify	- 1/	1	
1 1	1.2 1/2 1/2	(Signed)	TUA V	V. 117	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RGIN RESERVED FOR BINDING

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1	PLACE OF DEATH	93-0	136
	County Trederick	Registration Dist. No. 13	5
	Village or City Rear allerton	No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
	Length of residence in city or town where death occurred 6.3yrs. 3 mos.	2.2. ds. How long in U.S. if of foreign birth?	
2	FULL NAME Maria allver	ta Grosmickle	
	(a) Residence: No. Mogal Elector	St, Ward.	
	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	d State
8 5	PERSONAL AND STATISTICAL PARTICULARS EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
-	OR DIVORCED (write the word)	Best	., 193_3
a.	If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
	(or) WIFE of	22. HEREBY CERTIFY, That attended	deceased from
6 1	DATE OF BIRTH (month, day, and year) Quely 9, 1870	I last saw h alive on	death is said
_	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.15.m.	
	63 3 4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were collows:	Date of onset
	8. Trade, profession, or particular kind of work done, as SPINNER,	12700 des Justinos	
2012	SAWYER, BOOKKEEPER, etc.	//	rc129
VLO J	work was done, as SILK MILL, SAW MILL, BANK, etc		
3	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
	No-15000 T	Other Contributory Causes of importance:	100
2.	(State or country)	solvene my dearful	1.1.29
FAIHER	13. NAME Teter Grosmick	& ()	
	14. BIRTHPLACE (city or town)	Name of operation Date of	
-!	(State or country)	What test confirmed diagnosis? Was there an	autopsy?
	15. MAIDEN NAME My aright ittle	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
	66.4.1:00	(Specify city or town, county and Start Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	
1.	(Address) Myersville Md		
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
_	Place Among Camble 170 3, 1933	Nature of Injury	
19.	UNDERTAKER Sittle Gross	24. Was disease or Injury In any way related to occupation of deceased?	
	n. 1 hable of	(Signed) 7.6 / Select	M. I
20.	FILED / LOV	(Address) P Les fres	>
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Batimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(28)
county of rederich	Registration Dist. No. 3 7
Village or City State Sanatorum	
Length of residance in city or town where death occurred 2 yrs. 7	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. If of foreign birth?
2. FULL NAME Marion J.	Jenning (
(a) Residence: Not ARYLAND TUBERCULOSIS SAN	ATORIUM Ward & Balto . md.
(a) Residence. No. 415 5 B Word Marce of about	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
Sa. If married, widowed, or divorced	22. I HEREBY CERTIFY, That i attended deceased for
(or) WIFE of Mary E. Henning	22. Optil 13 1931 to Nov 15 193
6. DATE OF BIRTH (month, day, and year) Dec 19. 190	O I last saw h example on Mr. 15, 1933; daath is
7. AGE Years Months Days If LESS that	
32 10 20 or, min.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 Pulmonary wher culosis
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at 11. Total tima (years)	+
this occupation (month and Febr 1931 spent in this life	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland.	Other Countries of Importance.
(State or country)	
13. NAME Frederick W. Herring 14. BIRTHPLACE (city or town) Maryland:	10.00
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? What Name of Operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Elis abeth anne	What test confirmed diagnosis? WWW A T. D. Was there an au'opsy? 23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Marion J. Henning (on admiss (Address) 4, 15 S. Baldwin St. Ballo. Mg	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Delto . Md. Date undrumy	Manner of injury
19. UNDERTAKER M. L. Creager,	24. Was disaase or injury in any way related to occupation of deceased?
(Address) thurwhy md.	if so, specify
20. FILED /// 1920 / (COG)	(Signed) HUMAN & MOTOR M
Registrar.	(Address) Stale Sand Wishin My

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Gallstones	May 1,1923	Gastroenteritis	1 year

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stated ENACTLY.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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mation should be carefully supplied.

OCCUPA-

jo

Exact statement

B

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(000)
County Frederick	Registration Dist. No. 140
Village or City Woodshore	
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredycs,mos.	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAMES anale acur Elizabeth	Holbrumer
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATHER. 11 1933
Widow	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. A LHEREBY CERTIFY. That I attended deceased from
(or) WIFE of Henry H. Hollins	June 1 1933 to Mov. 11 1933
6. DATE OF BIRTH (month, day, and year Quey. 15, 186/	Hast saw her aliva on nov. V/ 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 330 9 m
7 9 7 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
10 2 16 or min.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	DI
SAWYER, BDDKKEEPER, etc. 9 Industry or business in which	Chronic song cardeles 1930
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date decaased last worked at 11. Total time (years)	
O this occupation (month and spent in this occupation occupation	
	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	agule dilalation of the
The state of the s	heart 1733
I 13. NAME John D. Miller	
14. BIR LIPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CULTURE FOREY 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury19
State or country)	Where did injury occur?
folia & mine.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Frederick had	Specify whether mjury occurred in INDUSTRI, in nome, or in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager of Initial
Place Int. Hope Generate nov. 14, 1923	Manner of injury
	Natura of injury
19. UNDERTAKER TUTLE & March	24. Was disease or injury in any way related to occupation of deceased?
(Address) Words bor Mydi	If so, specify
111	(Signed) March Puller a MD

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORDAU V. B.			
Other contributory causes of importance:	A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9370
county redevice	Registration Dist. No. 132
Village or City Middletown	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Jacob THU He	Υ
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH &
OR DIVORCED (write the word)	Mar. 3d 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of	22. A I HEREBY CERTIFY. That I ettended deceased from
(a) mis	July 1933, 10 / 45 30, 1933
6. DATE OF BIRTH (month, day, and year) Sept. 23, 1852	Hallsaw has alive on 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _/ () (Am
76 1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Larmer SAWYER, BOOKKEEPER, etc.	Mycorum, 1231
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	<i>3</i> •
work was done, es SILK MILL, SAW MILL, BANK, etc.	
- this occupation (month and	0.4
	Other Contributory Causes of Papportance:
12. BIRTHPLACE (city or town) Middletonin.	Coup Yours
(State or country)	- 0000 C 0 10/1
13. NAME 13. NAME 14 Letown Mittele	
14. BIRTHPLACE (city or town) Mit & letowers , Md.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Mittel Stovers, Md	23. If death was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Mitaletovur, Md	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mamile Hutter	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Middle Lovers, Md,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Detriven, Date 9-3 1980	Neture of Injury
19. UNDERTAKER O.T. R. G Ladkall.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wild after to Min (Rid.	If so, specify
20. FILED 7700 5- , 1933 D, January Daniel	(Signed) / Man A - A - M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Recording V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUKESH V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Н	
FOR	
RESERVED	
RGIN	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	111411
(13)	4 4 4 10
County Tre derich Registration Dist. No Village or City Monterne Hopelal No Montestero Unfield	No./2/
Village or City Monther Hospital No Monther In Secured in a horpital or institution, give it NAME instead	St., Ward
Langth of residence in city or town where death occurred I have the Manuface in U.S. If of feed and in the	d of street and number) yrsds.
Length of residence in city or town where death occurred 1.4 yrs. D. mos. ds. How long in U.S. If of foreign/birth?	
Constant Con	
(Osual place of abode)	
À S	DEATH
OR DIVORCED (write the word)	/ 5 , 193 3 (Year)
[7] H d) Sa If married widowed or diversed	
HUSBAND of Cor) WIFE of Daniel 2. Hall 22. I HEREBY CERTIFY. Tha	/ 3
	, 19_3_2; death Is said
7. AGE Yeers Months Dáys If LESS than 1 day,hrs. ormin. to have occurred on the date stated above, at	1.
6. DATE OF BIRTH (month, day, end year)	Date of onset
S = 2 = 5 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife Meeting	a.L3.
Understand the second s	
X 4	
Spant III this So May	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Waryland (State or country) 13. NAME Elias Three 13. NAME	
(State or country) Chronic basenchyas	non
Zabi i I I 3. NAME E Lias Trise Name of operation.	Oct. 25
F += 70 L (Clabs	Date of
Accident, suicide, or homicide? Date of i	injury, 19
	county and State)
	INFODERC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	
Place On ea great Au Date 1, 1933 Nature of injury.	
Place On eagless for Date 12, 1933 Manner of Injury Nature of Injury 19. UNDERTAKER M. L. longer gestler 24. Wes disease or Injury In any way related to occupation of the second se	deceased? Zeo
(Address) Therman In a lif so, specify	
20. FILEDIO - Munda 1933 mal priceuly (Signed)	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	my ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH classified Registration Dist. No. (If death occurred In - Ward) a hospital or institution, give its NAME I. stead of street and number.) properl of certif stated PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. hould be pe WIDOWED. may Write the word) 6 DATE OF BIRTH that nstruction (Month) (Day) 7 AGE IIFLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: terms (a) Trade, profession or S particular kind of work carefully plai (b) General nature of industry business, or establishment in 2 (Duration) which employed or (employer) impo Contributory 9 BIRTHPLACE Secondary (State or country 0 4 Q ы OG 10 NAME OF L O CAUSE C 11 BIRTHPLACE Ø W OF FATHER *State the l'iscase Causing I leath, on (State or country) Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. and Injury 12 MAIDEN NAME 0: OF MOTHER 4 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transetate Coupa ients or Recent Residents) 13 BIRTHPLACE At plane In the OF MOTHER of death .. State.....yrs.....mos.. ____yrs...... mos. ds. (State or Country) 00 Where was disease contracted, of shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE it not at place of dea h? .. CIANS sho Former or usual res.dence Every If more banks are needed, addre. s tate Registrar, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(2) Whether

OF BURIAL

ARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more, Laborer—Coul minc, etc. laborer, Farm laborer, Laborer—Coul minc, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emnature of the husiness or industry, and therefore an Physician, or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomolive engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Hæmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY by Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on pack of certificate. RECORD BINDING PERMANE H UNFADING INK--THIS IS A MARGIN RESERVED FOR W CAINLY, WRITE

1	11140
PLACE OF DEATH	STATE OF MARYLAND
Columb VIII	CERTIFICATE OF DEATH
16 11	Registration Dist, No. 10
Village or City MOTHING!	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAMmanda Cer	material All none
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE.	PATE OF PHYTHING 11 1983
mill fill the state will	(Month) (Day) (Year)
6 DATE OF BIRTH 15 186	I HEREBY CENTIFY, That Tattended the deceased from
(Month) (Dsy) (Year)	that flast saw han alive on months. 10, 183
	and that death occurred on the date stated above, at J. 30
64 yrs. 2 mos 6 ds. or min.	The CAUSE OF DEATH * was as follows
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Duration) vrs
9 BIRTHPLACE (State or coupled a	Contributory Secondary
(Made of Court of the Court of	
JIIV Y F CONTY	(Durstion) Jys, mos. A.ds,
Tomas Storm	(Signed) The Marky M. D.
IN THE PARTY OF STATES OF FATHER OF	(Signed) (Address) Marky M. D.
(State or country) Many Carry	(Signed) The Marky M. D.
Z State or country Man Land	(Signed) (Address) Marky M. D.
(State or country) 12 MADE OME 13 BIRTHPI OF OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTHE	(Signed) *State the Discose Causing Death, or, in deaths from Violent Csuses, state (1) Mesns of Injury and (2) While Accidental, Suicidal or Hophicust. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(State or country) 12 MAGENTALISME 12 MAGENTALISME 13 BIRTHELES	(Signed) *State the Discase Causing Death, or, in deaths Irom Violent Csuses, state (1) Mesns of Injury and (2) Washing Accidental, Suicidal or Hophordsl. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State or country) 12 MOTOR 12 MOTOR 13 BIRTHPLOS OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the l'isesse Causing Violent Csuses, state (1) Mesns of Injury and (2) Violent Csuses, state (1) Mesns of Injury and (2) Violent Csuses, state (1) Mesns of Injury and (2) Violent Accidental, Suicidal or Honjiedsl. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(State or country) 12 MA OF ME 13 BIRTHPLOS OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the l'isesse Causing Death, or, in deaths from Violent Csuses, state (1) Mesns of Injury and (2) Violent Accidental, Suicidal or Honjardsl. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. Where was disesse contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(State or country) 12 MA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Pisesse Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whole the Length OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs described by the State yrs described by the St
(State or country) 12 MA OF ME 13 BIRTHPLOS OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the l'isesse Causing Death, or, in deaths from Violent Csuses, state (1) Mesns of Injury and (2) Water Accidental, Suicidal or Honizedsl. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disesse contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

150

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, mer, (b) Cotton mill; (a) Solesman, (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, Form laborer, Laborerwithout more precise specification as Doy For persons who have no occupation -Coal mine, etc. Womnot gainfully em-

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death inges, peritonaeum, etc., Coreinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 'tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Chronic valvular heart Nomenclature diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated ENACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	1143
1. PLACE OF	DEATH .		(10-P)	1120
County Fr	ederies		Registration Dist. No. 132	+
Village or Cit	yar ma	tters	No. St.,	Ward
Landb of out 4			death occurred in a hospital or institution, give its NAME instead of street and	
Length of reside	ence In city or town where d	leath o curvedyrsmos	, / : 0 :=	nosds.
2. FULL NAM	ME / Chury	Duloses	Keelholly	
(a) Residence	e: No. \(\square\)	(Usual place of abode)	St., Ward. If nonresident give city or town and	16
PERSONA	AL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
7	W	OR DIVORCED (write the word)	Mor. 10	. 193 🗲
5a If married widowe	d or divorced	suga	(Month) (Day)	(Year)
5a. If married, widowe HUSBAND of (or) WIFE of	-	0	22. HEREBY CERTIFY, That I attended	deceased from
			mov. 9 ,1933, to mov. 10	, 19 3 3
	nonth, day, and year	N. 9,1933	I last saw her alive on Mod 10, 193.	s; death is sald
7. AGE Years		Days If LESS than 1 day, hrs.	lo have occurred on the date stated above, at 230 Rm.	
1	0 0	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profess kind of wo	ion, or particular ork done, as SPINNER, BDDKKEEPER, etc	ha -		- 3-
SAWYER, I	BDDKKEEPER, etc usiness in which	- Merry	Julin may allectoris	1633
9. Industry or by work was a SAW MILL	done, as SILK MILL, , BANK, etc		J	-
D. Date deceased	l last worked at ation (month and	11. Total time (years) spant in this		
year)	ation (month and	occupation		
12. BIRTHPLACE (city		lless o	Other Contributory Causes of importance:	
(State or count	(y) mu	rugland	Dustocia, bruch	2019
II 13. NAMERON	est Floyd s	Kulholly	Aresentation.	1933
13. NAME ACC	(city or town)		Name of operation Date of	
(State or c		angland	What test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAT	Edith Call	cerme Valentine	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
16. BIRTHPLACE ((city or town)	1	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or e	country)	ayland	Where did injury occur? (Specify city or town, county and Sta	
17. INFDRMANT (Address)	- Hell	y Ridge mo	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATH	ON OR REMOVAL	1	Manner of injury	******
Place 4 & C	key, thegs	Date 11.1933	Nature of injury	
19. UNDERTAKER	M. I. hi	easestin	24. Was disease or injury in any way related to occupation of deceased?	30
(Address)	Thus	supphyd	If so, specify	
20. FILED NOV-	11= 19 33 //	17 Shull	(Signed) 1 2 Slaged M Neller	M. D.
		FTTOO Registrar.	(Address) Welver Ind	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	11-11020	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

m

TION is very important. See instructions on back of certificate.

should state

STATE OF MADVIAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH
	93-0 /
County Frederick Village or City Near Frederick	Registration Dist. No. 27-
(1)	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charles Clayton King	
(a) Residence: No. () Sallenger . Ima	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH
male white widower widower	November 3, 193
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Rosa M. Monred	22. HEREBY CERTIFY That I ettended deceased from
March 18, 1856	19 D
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I LESS than	to heve occurred on the date steted above, as 45P m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
77 7 24 ormin.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER Retired Farmer SAWYER, BOOKKEPER, etc.	Chm 11/1/25
kind of work done, as SPINNERRetired Farmer SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Observed by the occupation (months and a property of the property of th	
SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and 10/33 11. Total time (yeers) spect in this occupation from the constraint occupation 50	
Maryland	Other Contributory Cause of Importance:
12. BIRTHPLACE (city or town) (State or country)	with the long
13. NAME John H. King	
13. NAME John H. King 14. BIRTHPLACE (city or town) Maryland	Name of operation
(Stete or country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Mary E. Cecil	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary E. Cecil 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Oliver T. King.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick, Md. R. D. # 4 18. BURIAL, CREMATION, OR REMOVAL	
Place Mt. Olivet Cem. Fred Date Nov. 6, 19 33	Manner of Injury
	Nature of Injury
19. UNDERTAKER (Address) Frederick, Md.	24. Wes disease or injury in any way related to occupation of declased?

Refinerar. If more blanks are needed, address Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1933 000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Frederick	Registration Dist. No. 134
Village or City as W. St. W.	NoSt.,Ward
(If Length of residence in city or town where death occurred 4 5 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME alexander	not
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wall white OR DIVORCED (wire the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of. Accident Backers	22. NI HEREBY CERTIFY, That I attended deceased from Nov. 10, 19.32, to Nov. 20, 19.33
1 2 10 50	ho .
6. DATE OF BIRTH (month, day, and yeer) Defo 7 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et $\frac{4}{30}$ $\frac{33}{20}$; death is said
7 - 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were es follows:
Nind of work done, as SPINNER, Black Smith	Reveloue Herromhone 12 hours
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end of this occupation) as near the contract of the contract o	The state of the s
10. Date deceased last worked at this occupation (month end // / 27 spant in this year) 11. Total time (years) spant in this year)	
The go + 0	Other Contributory Causes of Importance:
12. BIRTIIPLACE (city or town) (State or country)	of the the
13. NAME John Knoth	Chronic on se seal Captrolis again.
14. BIRTHPLACE (city or town) Limitahung	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Zucar Recent Stark	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Limitaline	Accident, suicide, or homicide? Date of injury, 19
E (State or country) wel.	Where did Injury occur?
17. INFORMANT Gerall Knott	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wet the Many Kelpate 11/22, 1933	Neture of injury
19. UNDERTAKER Zu J. Shiff Jind	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Nov-21, 1933 M.F. Shuff Registrar.	(Signed) Braghe I Jamison M. D. (Address) Emmits borg marland
FCCOLU REGISTAY.	(Miniess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

EXACTLY, Phily classified. properly of certif stated pe may be pino thai O 80 plai 2 I DA Q III OF 20 Cat 00 State CIANS should statement of o 0

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Exact

PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME inane Ma R stead of street and number.) MEDICAL CERTIFICATE OF DEATH SINGLE, SLY 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, I day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory Secondary (State or country) the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place OF MOTHER of death. (State or Country) Where was disease contracted, TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? usual residence DATE OF BURIAL ADDRESS 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) Grocery Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by lelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head—homicide; Poisoned by earbolic acid—probably suncide. The nature of the injury, can be ascertained as the cause. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronie etc. valvular Nomenclature The Always qualify all heart contributory discose ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

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1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH / ^ O	1111
	County Crederick	Registration Dist. No. 139
	Village or City Dale Danaloum	No. St., Ward death, occurred in a horpital or institution, give its NAME instead of street and number)
	Langth of residence in city or town where death occurredyrs/_mos.	ds. How long in U.S. if of foreign birth?
	2. FULL NAME	TORINA OF IN
	(a) Residence: No. 12 7 5 · V3 oul dis	St., Ward. V3 allo Vna.
-	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-	B. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	male white Signature or DIVORCED (write the word)	(Month) (Day) (Year)
5	a. If marriad, widowed, or divorced HUSBAND of	
	(or) WIFE of	1 HEREBY CERTIFY, That I attanded deceased from
	DANG 15 1883	Hast saw h Long alive on MDV -29: 1933 death is said
ate:	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5: 20 m.
certificat	2 / L/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
cer	8. Trade, profession, or particular	were as follows:
Jo S	8. Trade, profession, or particular kind of work done, as SPINNER attendant SAWYER, BOOKKEEPER, etc.	Kulmonary uberculasio
on back of	9. Industry or business in which work was done, as SILK MILL, M Hospital SAW MILL, BANK, etc.	
eq J.	SAW MILL, BANK, etc.	
	10. Oate decaased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 11. Total time (years)	
suo	Marie Dear San Land	Other Cantributary Causes of importance:
ucti	(State or country)	
instructions		
	9 000 0000	wne
See	(14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Share X May V & A Was there an autonsy?
The F	15. MAIDEN NAME Susan Bloomer	What test confirmed diagnosis? SLAN 293.0 03. Was there an autopsy? YWO 23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town). Penna	Accident, suicide, or homicida?
TOD	(State or country)	Whare did Injury occur?
	7. INFORMANT James J.Mc Connell (on adjours	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
very	(Address) 12 7 S. B. rulden St. Bal & Md	ordy
si l	8. BURIAL, CREMATION, OR REMOVAL OF THE	Manner of injury
	Placed Essential Article I Glate Melling 10	Nature of Injury
TION	9. UNDERTAKER M. L. Creage of	24. Was disease or injury in any way related to occupation of deceased?
-	(Address) Thuman Mar.	If so, specify A
2	10. FILED 1144 19.) 3	(Signed) Allwar & Maffer M. D.
1	Registrar.	(Address) Jule Sanathum M.C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURY	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

TITTE

STATE OF MARYLAND	-CERTIFICATE OF DEATH
E OF DEATH	(31)

1. PLACE OF DEATH	11148
County Frederick	Registration Dist. No. 141
Village or City Bruns week	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME / furnida J	Mager 116 ghee
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Corbivorced (which the word) Corbivorced (which the word)	21. DATE OF DEATH JOY (Year)
5a. If married, widowed, or diversed	
(or) WIFE of Frank Magle	22 CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) lukenfrom	I last saw h alive on no 4, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at S. A.m.
about 56 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	Coronery misertons 1773,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Mute Mycheles Och 9.
E 13. NAME Practon Home	
E 1	Nama o1 operation Date o1
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Mustervon)	23. 11 death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (Lustervon) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Whare did injury occur?
17. INFORMANT Staut Magree	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	M11-1
Place Danville V= Date Arr 6 1933	Manner ol Injury
CH Jest Al. 1	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Consch Man	11 so, specify
100-110 22 MAN H. X X Jako	(Signed) Prince WW M.D.
20. FILED WITH 19 JUNION 19 JUNION Registrar.	(Address) Breen surek my

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		TEMENTS BY PHYSICIAN	
In authorization	of spelling	of name su	sertificate
filed under West 1.	\$134	0	<i>U</i>

-	. PLACE O	LAIH	0			(3)	11111
	County	Tre	Jesia	11		Registration Dist. No.	7.4
	Village or C	ity	Lexa	my	1	ND. St. death occurred in a hospital or institution, give its NAME instead of street	,War
	Length of resi	dence in city or	town where d	eeth occurred	yrs,mos		
2	FULL NA	ME S	lel	bon	- whit	ment Miller	
	(a) Residen	ce: No				St.,Ward.	
armeni de	PERSON	AL AND S	STATISTI	(Usual place		If nonresident give city or town	
3. S		4. COLOR OF		1	RIED, WIDDWED,	MEDICAL CERTIFICATE OF DEAT	н
2	lenah	wh	ch	OR DIVORCE	(write the word)	Shell (Month) (Dey)	, 198.3(Year)
Se.	If merried, widow HUSBAND of (or) WIFE of	ed, or divorced	0			22. I HEREBY CERTIFY, That I atter	nded deceased fro
	(01) 11112 01			70		, 19, to	7, 19
-	ATE OF BIRTH		year)	Lov. 2	8-1933	I lest saw h, 19_	; deeth is sa
7. A	GE Yea	rs	Months	Deys	If LESS then 1 dey,hrs.	to heve occurred on the dete steted above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
	8. Trade, profes	rion or partieu	lor	0	or_ dmin.	were as follows:	Date of ons
TION	kind of w	ork done, as SI BDDKKEEPER,	PINNER.	0		Salta Es	
PA	Industry or i	ousiness in which	h MILL.	()		Sharthen)	111933
20	10. Date deceese	done, as SILK L, BANK, etc d last worked	at .1	II Total t	ime (years)		1
0	this occupyear)	etion (month a	nd O	SD3	nt in this orpetion		
12.	BIRTHPLACE (cit	v or town)	Thu	run	-1 -	Dther Coutributory Causes of Importance:	
-	(Stete or coun		1	redt.	Cu		
HER	13. NAME	anno	110	ulle	-		
FATH	14. BIRTHPLACE		tr	edle C	De g	Neme of operation Dete	of
	(Stete or	11 0	0 0	0 0	ma	Whet test confirmed diegnosis? Was there	an autopsy?
THER	15. MAIDEN NAI		0	Piden)	23. If death was due to externel causes (VIOLENCE) fill in also the follo	
MOT	16. BIRTHPLACE (State or		Fre	olet-u-C	willer	Accident, suicide, or homicide? Date of injury Where dis injury occur?	, 19
17.	INFORMANT	1×1.74	elle	2		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
10	(Address)	mu on or	/	hum	out Mish		
16,	Place Place	MANNY	mb, 144	Dete Mar	1.29 , 19.33	Menner of injury	
19.	UNDERTAKER (Address)	J. 36	Mi	lles of	attres)	24. Wes disease or injury in eny wey related to occupetion of deceesed	no
	11	. 1	- ()	700	17	(Signed) Horris ABuch	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITION	NAL SPACE FOR	FURTHER STATI	EMENTS BY PHYS.	ICIAN

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or- are A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
stat UPA	1. PLACE OF DEATH	940)
C C S	County Frederick	Registration Dist. No. /2/=
item of should of OCC	Village or City Frederick 11hin the Corpora	ND traderies Cil Hospital St., Ward f death occurred in a hospital or institution, give its MAME instead of street and number)
nt NS	Length of residence in city or town where death occurredmos	sds. How long In U.S. if of foreign birth?yrsmosds.
Every ICIANS tement	2. FULL NAME Mr Lewis moberly	
RECORD. PHYSIC Exact stat	(a) Residence: No. 606 Fact (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECC PP Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T R	3. SEX 4. COLOR OR RACE North of Divorced (write the word) Wale Wale A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
T I led.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
MANEN ACT assified	(or) WIFE of Virgie a. Co. Moberly	22. I HEREBY CERTIFY. That I attanded deceased from 1000: 1932, 19 to 2000 13 1933
EX EX Iy cla	6. DATE OF BIRTH (month, day, and years January 3/- 1881	I last saw h. Associative on Mov. (), 19.32; death is said
A ber	7. AGE Years Months Pays If LESS than 1 dayshrs.	to have occurred on the data stated above, at
IS A PE stated E properly certificate	3 L 7 / 3 or min.	were as follows:
IIS be be of c	8. Trada, profession, or particular kind of work done, as SPINNER Brush Saufect	Contra
-	kind of work done, as SPINNER Shugh Sawyer, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, of The Brush Saw MILL, BANK, etc. 10. Data deceased last worked at this organization (month and the same time the same time the same time the same time to the same time time to the same time time time time time time time ti	Ungina O'leton
VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, OY Free Brush &. SAW MILL, BANK, etc.	
-	Sporter this open patient this off the	
NG I AGE that ons o	year)occupation	Other Coutributory Causes of importance:
NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town) Treducek	-
ed.	(State or country)	Chr myvearoletu 3year
ITH ÜNFA illy supplied plain terms, . See instr	13. NAME Colunton Moberly 14. BIRTHPLACE (city or town): Frederick	
H U	14. BIRTHPLACE (city or town) Treduced	Name of operation Data of
WITH fully n plain nt. S	(State of country)	What test confirmed diagnosis? Was thera an au'opsy?
WITH efully in pla ant.	15. MAIDEN NAME Mollie Winters 16. BIRTHPLACE (city or town). Pour	23. If death was due to external causes (VIOL ENCE) fill in also the following:
INLY, W. be carefu EATH in important	0 16. BIRTHPLACE (city or town) Comma	Accident, suicide, or homicide? Date of injury, 19
AT	State or country)	Where did injury occur? (Specify city or town, county and State)
ADDA	17. INFORMANT Deris E. Mobel (Address) Freduces mil.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
shou 3 OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE	Place rut otivex Cem Data 100.76, 1933	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER 6 2. Coline Ton (Address) Frederick md,	24. Was diseasa or injury in any way related to occupation of deceased?
T) m		7/1- 4-0
	20. FILED S-Dra 1923 Maf Meerely:	(Signed) If damente takiney M. D. (Address) Fredrick Mol-

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Spederical	Registration Dist. No. 139
Village or City farm near Sabillasville	No. St. Wa
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	25_ds. How long in U.S.If of foreign birth?yrsmos
2. FULL NAME YOSEPL & GWYENG MO	rris
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 9
M. W. OR DIVORCED (write the word)	Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFOY, That I attended deceased fr
(or) WIFE of	Mr 4 9 1933 to Mr. 20 4 103
5. DATE OF BIRTH (month, day, and year) 2001. 4, 1933	Hast saw has alive on the 3429 1933 death is s
A. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 6:45 A.m.
2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0
9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK site.	marasmus - Mor.
10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Sabrillasville (State or country) Man	Other Contributory Causes of Importance:
13. NAME William Lee Morried	
14. BIRTHPLACE (city or town) Sallman (State or country)	Name of operation Date of
Test up and	Whet test confirmed diagnosis? Was there an autopsy? M
15. MAIDEN NAME Vaulence Clay. Hoover	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vaulue Clas. Hoover 16. BIRTHPLACE (city or town). Merclessburg. (State or country)	Accident, suicide, or homicide?, 19, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Nel Morris (Address) Sabrillarville, Risk	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dabillasicalle Manate 600-30, 19-33	Nature of Injury
19. UNDERTAKER M. L. Larenger V. Son. (Address)	24. Was disease or injury Ip any way related to occupation of deceased?
20, FILED for: 29, 1933 lo N Starn	(Signed) W. L. D. D. M.

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Chronic interstitial nephritis	4 1921	Run over by street car	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:	,	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	11130
County Tre derects	Registration Dist. No. 13/=
Village or City Montevue Hoopel of	No. Moute the Hospital Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred yrs.	nosQds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary Etzabell Wult	ML
(a) Residence: No. 4 Acade (Value) place of abode)	. A. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 700 3 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Edward J. Mullyon	1 HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Och 24, 1859	1 law saw h Dr alive on 100 0 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 12.15 m.
7 H / O 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
O Tools and the control of	Uate of onset
SAWYER, BOOKKEEPER, etc.	Demphlegia Left Oct. 18
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Unguna	
(State or country)	- artero Scherous July 1.
E O O O O O	
(Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was there an au onsy
15. MAIDEN NAME Trances Virginia Carper	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lauces Virginia Carper 16. BIRTHPLACE (city or town) Virginia	Accident, suicida, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT James a Jones Sunt. (Address) Worthur Hoof Led. K. Mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Winchester Va Date Nov. 7, 193	Nature of injury
19. UNDERTAKER 10. E. Coline Attains (Address) Treducing Mid	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 4- Mr., 198 3000 meeuly	(Signed) Andrews M. D
If more blanks are needed, address state Registre	st, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE F	OR F	URTHER	STATEMENTS	BY	PHYSICIAN
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A PERMANENT RECORD. Every item of infor-ted EX A CTLY. PHYSICIANS should state RGIN RESERVED

1. PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH	1153
County Lac	derick	Registration Dist. No. 14	7
Village or City Kear 7	w Oi	No. St	£
		f death occurred in a horpital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where	death occurredyrs,mo	ds. How long in U.S. If of foreign birth?yrs	mosd
2. FULL NAME / COL	y are	Mulling	
(a) Residence: No.	(Usual place of abode)	St.,Ward.	1.0
PERSONAL AND STATIST		If nonresident give city or town at MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX T. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / (Month) (Day)	, 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.1 HEREBY CERTIFY That I attende	d deceased fro
6. DATE OF BIRTH (month, day, and year)	nov 16 1933	Hast saw h I A slive on HAN 16 10.3	3
7. AGE Years Months	Deys If LESS than	to heve occurred on the date stated above, atm.	, ucatii is sa
	0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	7	AT	Date of onse
SAWYER, BOOKKEEPER, etc		Quelhoon as 2401	m
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Fred. (State or country)	Co. Mid	Other Coutributory Causes of Importance:	
13. NAME Rack &	mulling	Jours 160 With	
14. BIRTHPLACE (city or town) (State or country)	nd	Name of operation None Date of	
	Theleler Money	What test confirmed diagnosis? Judine (a) Was there an	
15. MAIDEN NAME USUL CA 16. BIRTHPLACE (city or town)	W	29. If death was due to external causes (VIOLENCE) file also the following Accident, suicide, or homicide? Date of injury	
17. INFORMANT Tallful E.	mullinix	Where did Injury occur?	ale) 'LACE.
18. BURIAL, CREMATION, OR, REMOVAL CELL	Date Nov 17, 1923	Manner of injury	
19. UNDERTAKER(Address)		24. Wes disease or injury in any way related to occupation of deceased? If so, specify	no
20. FILED Nov. 16, 1933 arel	legt Molesvong Registrar.	(Signed) M. Vay, To-	accm.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ĺ	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

N. B.-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

			C	1
J	1	1	U	K

1. PLACE OF DEATH	(D2)
County Frederick	Registration Dist. No. 153
Village or CityNear Walkersville	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Josephine Brown Nic	
(a) Residence: No. Near Walkersville (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR PHYSICAL Write the wo	ED, ord) 21. DATE OF DEATH 1 193.3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Albert Nicodemus	22. I HEREBY CERTIFY. That I ettended decessed from 200. 14 1933 to 200. 14 1933
6. DATE OF BIRTH (month, day, end year) 8 - 13 - 1859	I last saw h_ev alive on hov. 14 1933; death is said
7. AGE Years Months Oays If LESS to 1 day, or or min min min man man man man man man man man man ma	than to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Embolism 200.14
Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country) Pennsylvania	Other Contributory Causes of importance: hug veardial Tuenfficiency c auricular Tilrillation how !
₩ 13. NAME Henry Clay Brown	
14. BIRTHPLACE (city or town) Pennsylvania (State or country)	Name of operation Date of
15. MAIDEN NAME Elizabeth Brown	23. Il death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Pennsylvania (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edw. B. Nicodemus (Address) Frederick, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MtOlivet Cemetery Place Frederick Md. Date 11 / 16, 15	Manner of injury
19. UNDERTAKER Stry & Courty, (Address) Frederick, Md. 20. FIRESTALLO B. A. Ward Vaged	24. Was disease or injury in any wey related to occupation of deceased? ho If so, specify (Signed) Frank, Alleothmotor
Ryging	(Address) Fullwele hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WINT UNFADING INK---THIS IS A PERMANE. BINDING MARGIN RESERVED FOR V. S. No. 1 --- CO

PLACE OF DEATH County Trestructs	CERTIFICATE OF DEATH
Village or Citart Jev. (No	Registration Dist. No. St.: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED; WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7
5 DATE OF BIRTH 54, 1870	that I jast saw h salive on 1 9, 1923
(Month) (Dây) (Year 7 AGE If LESS than day hrs. or min. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. In the State yrs mos ds. Where was disease contracted,
(Informant) (Address) (Address)	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 9000 () 1983 40 faced su de segistras If more bianks are needed, address State Registras	, 16 W Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

con at home, who are engaged in the duties of the household only (not paid Househopers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, c. g. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning cfillness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day Cotton mill; (a) Salesman. Stationary fireman, etc. But in many -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "iphoid fever (never report "Typhoid Pneumonia"); obar pneumonia. Branchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., etc..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suncide. The niture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; Chronic or intercurrent) affection Example: Measles (disease valvular heart disease; etc. The contributory Nomenclature need not of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
AB 1	1. PLACE OF DEATH	11106
000	County Frederick	Registration Dist. No. 13/
O Jo	Village or City Frederick	No. City Andrew Ward death occupyed in a hospital or institution, give its NAME instead of street and number)
4	Length of residence in pity or town where death occurredmos	How long in U. S. if of foreign birth?yrsmosds.
ement	2. FULL NAME William F. Purd	un.
tate	(a) Residence: No. Near Browsalle 1	hard, Ward.
<u> </u>	(Usual place of abode)	ri nonresident give city of fown and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	male 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 4 (Month) (Day) (Yeer)
5a	o. If married, widowed, or divoged HUSBAND of	
-	(or) WIFE of Elsie traifield.	22. 6 I HEREBY CERTIFY. That I ettended deceased from 30,19.33, to NOV. 4,19.33
6.	DATE OF BIRTH (manh, day, and year) - 1881- 20 not km	I last saw h m alive on / Y 7, 3, 1933; death is said
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
1_	82 (Cormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	O wrome my hold 30 od
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
000	10. Dato deceased last worked et Octygz 11. Total time (years) Life spent in this year)	
		Other Contributory Causes of importance:
12	2. BIRTHPLACE (city or town)	Manager of met on
HER	13. NAME Of F. Purdmen	10 mm 17 00 00003
FATH	14. BIRTHPLACE (city or town) _ unaugland.	Name of operation Date of
F	(State or country)	What test confirmed diagnosis? My make large an au'opsy? No
HER	15. MAIDEN NAME Sylly Browning	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Z	(State or country)	Where did injury occur?
17	7. INFORMANT M'M Suffell mod.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18	B. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
	Place Rempton Cen Date 6 - Mule 19 83	Nature of injury
15	9. UNDERTAKER J. B. Beall ore.	24. Was disease or injury In any way related to occupation of declased?
-	(Address) (Daniel	(Signed) W. Am Alli p.
20	0. FILED 4 - Treude, 1983 Good boneluly	(Address)
	If more blanks are needed, address State Registre	ales Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	_!		

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 145
Village or City Myersville (No. 2FULL NAME Maybelle Pord	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWEL, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 1933 (Month) 2.2(Day) 1933 (ear)
(MoRh) (Day) (Year)	that I last saw h Malive on NOV 22 1923
7 AGE	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Arterio Selevotse ardio Vadeller BENAL disease (Duration) yrs mos de. Contributory Secondary Secondary Duration yrs mos de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) — M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.
of MOTHER Mary latharine Lader 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Mrs Chas Degrange (Address) Myersville, Machtel Filed Mov. 24 1923, William & Machtel Registrar	Former or usual residence 19 PLACE OF BURIAL OR BEMOVAL MOUNT PROPERTY PARTY NO. 1933 20 UN DERTAKER ADDRESS ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotice engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scread, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Howekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DR-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: "Crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (name origin; "Cancer" is less definite; avoid inges, personacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death uccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopucumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved Whooping cough; American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Λ̈́q Committee on Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

item of inforshould state OCCUPA.

PHYSICIANS

Exact statement

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	-	-	5
	1	.I.	U	0

1. PLACE OF DEATH	Maryon			(30)	//	Dogistus	tion Dist. No. 13	1
County Frederick Village or City Fred	No. Frede	rick Ci	ty Hos	pital St.,	Ward			
Length of residence In city or to	vn where deat	h occurred	7 (If	ds: How lon	ng in U.S. if of	foreign birth	?yrs	mosds.
2. FULL NAMEJaco								
(a) Residence: No. Neg	r Pear	Usual place	of abode)	St.,W	ard. Near	Pearl,	dent give city or town	and State
PERSONAL AND ST	ATISTIC	AL PART	ICULARS	MEI	DICAL CE	RTIFICA	TE OF DEATI	1
3. SEX 4. COLOR OR F			RRIED, WIDOWED, ED (write the word)	21. DATE OF	DEATH Novembe	(Month)	4 (Day)	, 193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida	Shockl	ev					IFY, That I atten	ded deceased from
6. DATE OF BIRTH (month, day, and ye			56				Y 193	
1. AGE TESTS IN	ionths	Days 24	If LESS than I day,hrs. ormin.	to have occurred on	the data stated	abova, at_7	01	
8. Trade, profession, or particular kind of work done, as SPIT SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MI SAW MILL, BANK, etc	LL,	spa		Vicute	and	lates	Delilation	Date of onset
	rederi			Other Contributory C	Causes of Impor	tance:	tis	
ដ 13. NAME John Qui	nn							
14. BIRTHPLACE (city or town) (Stata or country)	Fred	erick Md		Nama of operation What test confirmed			Data	
# 15. MAIDEN NAME Sus	an Mil	ler	Marking and				E) fill in also the follo	
16. BIRTHPLACE (city or town) (Stata or country)	Frede	rick Md.			homicida?		Date of Injury	, 19
17. INFORMANT Mr. Howa (Address) near Pe	arl Mo			Specify whether inju	ry occurred in	(Specify ci	ty or town, county and n HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVA Place Frederick	Manner of Injury							
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick Md.				24. Was disease or in	jury In any wa	y related to o	occupation of daceased	no
20. FILED 7- Trember 198 3	droaf	me	eury	(Signed) (Address	s)	Tine	derute	rued M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	Date of onset		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11100
County Trederick	Registration Dist. No. 134
Village or City w. At ways	O
	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4-yrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME warth au	· Kadde
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
To . 4 10114	Mos 1" ,1933, 10 Mov 14" ,1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months have If LESS than	I last saw h alive on Arra 13 , 19 & 3; death is said
7. AGE Years Months Mays If LESS than 1 day,	to have occurred on the date stated above, atAm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 (0 0 1 (ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Mismelwelveardillo
Andustry or business in which	Salarana Aneria
SAW MILL, BANK, etc.	Late.
O 10. Date deceased last worked at this occupation (month and year) occupation occupation.	
tot de	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) See State or country)	1733
13, NAME Loky a Pole	
13. NAME John a. Raddey 14. BIRTHPLACE (city town) Fresh, County)	Name of a suite
(State or country)	Name of operation Date of Was there an au'onsy?
15. MAIDEN NAME Ware L' 1994	What test confirmed diagnosis? Wys. Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ware Lives 16. BIRTHPLACE (city or town) Freberiel Co.	Accident, suicide, or homicide? Date of Injury 19
O 16. BIRTHPLACE (city or town) The Merch (State or country)	Where did injury occur?
- Angia 15000.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Fruitable Wed	Specify macrost injury occurred in moderat, in monte, of in robert reace,
18. BURIAL, CREMATION, OR REMOVAL Place W.D. Wary Wedge Upo. 16, 19.33	Manner of injury
19. UNDERTAKER W. J. Slugg J.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Fruitshing red	If so, specify
20. FILED 1025 15, 1933 M. 7. Shelf	(Signed) Mr. D. M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU V.	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF L. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	11160
	County Freel		Registration Dist. No.	141
	Village or City Burnsu	voh	No	t.,Ward
	Length of residence In city or town where death		death occurred in a hospital or institution, give its NAME instead of stree	et and number)
	1)//		sell	HIVVI
	2. FULL NAME A Supplier			
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or tow	n and State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	ГН
3.		SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a	. If married, widowad, or divorced HUSBAND of			
	(or) WIFE of		22. I HEREBY CERTIFY, That I ett	ended deceesed from
	DATE OF BIRTH (month, day, and year)	2 1928	I last saw h Le elive on AAU 1 10 19	33 : death is said
8	AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 9.15 a.m.	
	5 1	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
z	8. Trade, profession, or particular kind of work dona, as SPINNER.	, , , , , , , , , , , , , , , , , , , ,		Data of onset
은	SAWYER, BOOKKEEPER, etc.			
JPA	Nork was done, as SILK MILL, SAW MILL, BANK, etc		acuts Olitis Media	140.1,33
OCCUPATION	10. Data deceased last worked et	11. Totel time (years)		
_	this occupation (month and year)	spant in this occupation		
12	BIRTHPLACE (city or town)		Other Contributory Causes of importance:	,
	(State or country)		Mensortis	Nov103
1ER	13. NAME Mas Z Russ	ell	0	
FATHER	14. BIRTHPLACE (city or town)	/	Neme of operation home Dat	e of
-	(State or country)		What test confirmed diagnosis? Was the	re an autopsy?KO
MOTHER	15. MAIDEN NAME ZOMMO	treamfreto	23. If death was dua to external causes (VIOLENCE) fill in also the fo	ilowing:
101	16. BIRTHPLACE (city or town)	119	Accident, suicide, or homicide? Dete of Injury	, 19
-	(State or country)	20	Whera did injury occur? (Specify city or town, county a	nd State)
17	(Address)	el o	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBL	.ic Place.
18	BURIAL, CREMATION, OR REMOVAD	· Po	Manner of Injury	
	Place Dayle Heights Durant	ata 13 1333	Natura of Injury	
10	UNDERTAKER ASTORIZETZ 450	2	24. Was diseasa or injury in any way related to occupation of decease	ed? No
19	(Address) Branques	5 md	If so, specify	
20	FILED MM 12 1933 MMs.	1 & Widnes	(Signed) Mulle @ Stor WV	M. D.
1		Registrar.	(Address) Sunsural - Yll	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICI.	AN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Redin	Registration Dist. No.
Village or City Adamstown	No. St., Ward
(If Length of residence in city or town where death occurred 5 6 yrs. 8 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) 2) ds How long in U.S. if of foreign birth?
2. FULL NAME Jother & Entar	Scarff
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX Hale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1933 (Month) (Day) (Year)
a. If married, widewed, or divorced HUSBAND of Suace June Rager	22. I HEREBY CERTIFY, That I attended deceased from 1933, to Moreute (21933)
6. DATE OF BIRTH (month, day, end year) 716-25-1877	I last saw h. Long alive on Mars [2 , 1933; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1210 Am
57 -8 17 1day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, A. R. Telegrapher SAWYER, BOOKKEEPER, etc.	Carcinoma of liver Jany
9 Industry or business in which	It
9 Industry or business in which work was done, es SILK MILL, BAD R.R. Co	(933
this occupation (month end Dec 287) 32 occupation 30	
12. BIRTHPLACE (city or town) adams town flight	Other Contributory Causes of importance:
(State or country)	
13. NAME James 13 Scarff	
14. BIRTHPLACE (city or town) (State or country)	Name of operation. Dete of
15. MAIDEN NAME Elisa Douglass	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(Stete or country)	Where did injury occur?
17. INFORMANT Mes Grace Stree Scarff. (Address) a demotion Mes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Fredh Ma Date Non 14, 1933	Neture of injury
19. UNDERTAKER M. R. Elchison + Son	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED NW 12, 1933 Tayla Routsuin	(Signed) M. Campago huser M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

nfor-	state	JPA-	1
of i	plu	1000	1
item	sho	of (
very	IANS	ment	
ED. I	rSIC	state	
ECOF	PH	act	
TR	Y.	E	
ANEN	CTL	ssified.	
RM	X	cla	a [*]
PE	J P	erly	icate
SI	state	prop	ertif
HIS	pe	be	of c
LI	plu	nay	ack
INK.	sho	it r	on b
5N	AGE	that	ous
NDI	d.	, S0	ructi
NF	pplie	erms	TION is very important. See instructions on back of certificate.
H	ns	in t	See
WIT	fully	n pla	nt.
,Y,	care	H	orta
INI	pe	EA1	imp
PLA	plno	FD	ery
TE	n sh	E 0	is
WRI	ation	AUS	ION
3.	H	2	5
Z.		1)
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

1. PLACE OF DEATH County Frederi	ck	V		92-0	Registration Dist. No. /	2/=
Village or City_Brac			7 (11	No.	institution, give its NAME instead of st	St., Ward
					.S. if of foreign birth?yrs	ds
	_		aboth Seac	6 .		
(a) Residence: No	diad	(Usual place	Acquis of shoot	Ward.	If nonresident give city or to	own and State
PERSONAL AND	STATISTI			MEDICA	L CERTIFICATE OF DE	
Female White	R RACE	5. SINGLE, MAR OR DIVORCE Widow	RIFD, WIDOWED.	21. DATE OF DEA	November 25th.	, 193 3
a. If married, widowed, or divorced					(Month) (Day)	(Year)
HUSBAND of John Wm	. Seach	ırist		June 30	EBY CERTIFY, That I	ttended deceesed from
. DATE OF BIRTH (month, day, en	d year)	Dec. 30,	1864	Flast saw h.er alive	11/ > 21-	19_3_3_: death is sai
. AGE Years	Months	Oays	If LESS than	to have occurred on the dat	e stated above, at 7 • 30A • m.	
68	10	25	1 day,hrs.		DEATH and related causes of importan	1
8. Trade, profession, or pertic	Ilar				alvular Heart	rouple Date of onse
kind of work done, as S SAWYER, BOOKKEEPER	etc	Housewif				1930
9. Industry or business in wh work was done, as SILK	MILL, Boar	ding Hou	ise at Home	"Gripp	e"	7 Days
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) year) 11. Total time (years) 27 spant in this occupation (countain)						
12. BIRTHPLACE (city or town) Maryland (State or country)			Other Contributory Causes (of importance:		
13. NAME Rusten Lo	no					
13. NAME Rueben Lo 14. BIRTHPLACE (city or town) (State or country)	1/2 7	and		Name of operation	XX D	lete of
15. MAIDEN NAMEMargar	et Nush	aum				
15. MAIDEN NAMEMargar 16. BIRTHPLACE (city or town)	Marzel			Accident, suicide, or homici	nal causes (VIOL ENCE) fill in also the de? Date of injury	
(State or country)				Where did Injury occur?	Date of mjury	, 13
Raymond M. Seachrist. 17. INFORMANT Braddock Heights, Md.				(Specify city or town, county rrev in INOUSTRY, in HOME, or in PUI	and State) BLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Fred Md Nov. 27 19 33			Manner of injury NO	ne XX		
19. UNDERTAKER M. R. Etchison & Son.			Neture of injury 24. Wes disease or injury in	any wey related to occupation of decea	sed? NO	
(Address) Frederick, M.			If so, specify	1 01 14		
108 rand-7-108	3000	al mi	cludy	(Signed)	W. Delets	м. г

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example Il		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonilis	3 days ago	
	Other contributory causes of importance		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1)RD. E	IYSIC	state	
	REC	r. PF	Exact	
MAIN INTERNATION FOR DIVINIO	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states	
110	PERM	EX	ly cl:	ate.
TOTA	IS A	stated	proper	ertific
1	HIS	pe	pe	of o
T A ATTITO	NK-T	should	it may	n back
1	ING I	AGE	o that	tions o
TACAT	NEAD	pplied.	erms, s	instruc
	THE L	lly su	plain t	See
	Y, W	carefu	H in 1	ortant.
)	AINL	d be	DEAT	y imp
	E PL	shoul	E OF	S ver
	-WRIT	mation	CAUSI	TION is very important. See instructions on back of certificate.
	B.	1	7	1

1. PLACE OF DEATH	Registration Dist. No./2/=
Village or City Frederick	Registration Dist. No. / 2 / = No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Edward Daniel Shearer	
(a) Residence: No. 168 W. Patrick (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wind divorced)	D. 21. DATE OF DEATH Nov. 22nd., 3
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Falk	22. Oct 25. 1933 to Nov. 22 1933
6. DATE OF BIRTH (month, day, and year)	I last saw him alive on Nov 21, 19 33, death is seld
7. AGE Years 66 Months 2 Days If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Tinner & Roofer SAWYER, BOOKKEPER, etc. 9 Industry or business In which work was done, as SILK MILL Plumer Shop	Diabetis Meutes
9 Industry or business In which work was done, as SILK MILL.Plumer Shop SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this part in this spant in thi	
Maryland 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: fright food weeks
13. NAME Daniel Shearer	
13. NAME Daniel Shearer 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Clubutated 2 Jors Date of Nov. 5- 3: What test confirmed diagnosis? 4xs Was there an au'opsy? 22
15. MAIDEN NAME Amelia Whitler	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Amelia Whitler 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? No Date of injury None, 19
Mrs. C. S. Blumenauer 17. INFORMANT 6 College Ave., Frederick, Md	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Plece Mt. Olivet Fred. MdDate Nov. 25, 1	Manner of Injury
19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md.	24. Was diseese or injury In any way related to occupation of deceased?
20. FILED 24 - None: , 19 & 3 ora of Melin	(Signed) Charles of Goodell M. D. (Address) 122 Leonard Oh.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i north	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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DATE OF BURIAL

properly classified. should be stated EXACTL RECORD certificate PERMANEN on back of BINDING it may be in terms so that i ACE FOR V IS d be carefully supplied. UNFADING INK--THIS ARGIN RESERVED of information should be carefully uld state CAUSE OF DEATH in pla occupation is very important. S should CIANS should statement of C WRITE

S. No. 1

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PHYSI-

	11101
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
Buckithsyille	Registration Dist. No. 132
Village or City Wiedertt K. T. No.	St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, MOUNTED, OR DIVORCED (Write the word)	16 DATE OF DEATH Nov 25 , 1933 (Month) (Day) (Year)
6 DATE OF BIRTH 13	that I last saw h alive on , 192 ,
7 AGE 2 If LESS than 1 day hrs. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Probably acute Cardiac Orlitation (Duration) yrs. mos. do.
9 BIRTHPLACE (State or country) Cresaptown, Md 10 NAME OF FATHER George Miller OF FATHER George Miller (State or country) UN 11 BIRTHPLACE George Miller OF FATHER George Miller OF FATHER George Miller 12 MAIDEN NAME	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

19 PLACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed -Coul mine, etc. Womnot gainfully em-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping (Recommendations on statement of cause of death "Debility" "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by ("Congenital," "Senile," etc.), "Dropsy, cough; Committee on Chronic etc. The valvular Nomenclature Always qualify all heart contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed

N. B.-Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should, state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERMANE FOR K H UNFADING INK--THIS RESERVED MARGIN AINLY, WRITE No

10

PLACE OF DEATH >	STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
	Registration Dist. No. 13.
Village or City 30 LV21 (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
2FULL NAME HAIRELET ATTT	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	16 DATE OF DEATH 2000 27, 1933
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec. 23 (Nonth) (Day) (Year)	that I last saw h er alive on 20. 26. 1933
7 AGE [If LESS than	7304
29 yrs. 11 mos. H ds. or min.	The CAUSE OF DEATH was as follows:
B OCCUPATION (a) Trade, profession or	
particular kind of work #005ec2box (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.
9 BIRTHPLACE (state or country) (1) 1 1	Contributory Secondary
TIO NAME OF	(Duration) yrs mos de.
FATHER ISSACHUETE	(Signed) M. D.
OF FATHER Washing to 11 Co. (State or country)	*State the lisease Causing Death, or, in deaths from
Z (State or country) 12 MaiDEN Name	Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Caroline Hotze	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER Washingtone.	At place of death yrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
or Muchaules of sust	Former or usual readence
(Informant) ((It's Halle) ()	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Bookshoro Cent. North, 19.33
Filed 700 1983 D. Jacque Registrai	CTK. Gladhill Mibeletoners
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Kequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c:ch and every person, irrespective cf tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At-home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; st_ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Whooping approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4
County In lends	Registration Dist. No. 21=
200	
Village or City III there was the	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME WHAT OU William &	ito. O
A /	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale White OR DIVORCED (write tha word)	Nov 8 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Oct 5 1933, 10 Nov 8 1923
6. DATE OF BIRTH (month, day, and year) Oct 5 1933	I last saw hum alive on Yor 8 1933; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 7. 8. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
1 9 Trade and in a second	Date of onest
No. Irada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and this properties the same than	
8. Industry or business in which work was done, as SILK MILL,	9 male of Dati
SAW MILL, BANK, etc.	
Spant to this	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Maryland	other contributory cances of importance.
(State or country)	premature bertle Oct. 5
13. NAME Menry Welliam Smith	
13. NAME Werray Wellian Smith 14. BIRTHPLACE (city or town) Waryland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy? 200
I 15. MAIDEN NAME Cruss Castle	23. If death was due to axtarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME and Castle 16. BIRTHPLACE (city or town) Manyland (State or country)	
O 16. BIRTHPLACE (city or town) Volume (Stata or country)	Accident, suicide, or homicide?
40 00 14	(Specify city or town, county and State)
17. INFORMANT Charles the toring state of the control of the contr	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREATATION, OR REMOVAL	Manua of Indian
Place Glade Central Data 9 - Meury 2 3 3	Manner of injury
1800.10	Natura of Injury
19. UNDERTAKER Chile & dom	24. Iras disease of injury in any way related to occupation of deceased?
(Address) Frederick frod	If so, specify
Q-14 1 23 mm he ali. 11:	(Signed) N (Q · O L · O

If more blanks are needed, address fate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CONTROL OF BEATTY 11108
County Frederick	Registration Dist. No. 13
Village or City Sear Libertytown	NoSt Ward
(If Length of residence in city or town where death occurred vrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Robert E. L Swith	Jish
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Widower	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced. HUSBANO of Carrie a Smith	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from Nov 15 - 1933, to 1/200 16 1935
6. DATE OF BIRTH (month, day, and year) wov 9th 1867	I last saw harmalive on //ast -26 - ,1993 ; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
66 0 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	D Nov
9 Andustry or business in which	neumone (Dronchael) 18-
work was done, as SILK MILL, Laborer	
- 1 Shall till till?	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Valuator Heart Trouble - 1928
E TOTAL TOTA	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Edwal Rolles	What test confirmed diagnosis? Was there an europsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Edigal Reilly 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
E (State or country)	Where did injury occur?
17. INFORMANT Miss Colins Burkett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOTAL	Manner of injury
Place Mit you Celluly Date Mr 29, 1933	Neture of injury
19. UNDERTAKER Cowell to allangle	24. Was disease or injury In any wey related to occupation of deceased?
(Address) (Woodstone)	If so, specify
20. FILED NOT 29 , 1933 MD Cunfuran	(Signed) 10 W July M. D.
Registrar.	(Address) - Woodsbord - Wol-1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Seed.	
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Z	
e/j	
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STATE OF MARYLAN	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County theolerich V	Registration Dist. No. 121:
Village or City Freelerich	Ntresterich Caty Hospital St. W
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign hirth? yrs. mos.
DX XI M	mus. yusmus.
2. FULL NAME (With Myero &	mille
(a) Residence: No. Onokeyslown (Usual place of abode)	St., — Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Turnel White S. SINGLE, MARRIED WIDOW OR DLYORCED (write the will	(Month) 21. DATE OF DEATH how. 22
a. If matried, widowed, or divorced HUSBAND of Corp. WIFE of Chrand M. Snonffer.	22. HEREBY CERTIFY, That I attended deceased f
DATE OF BIRTH (month, day, and year) //- / /877	Hast saw her alive on how. 21 1933; death is
. AGE. Years Months Days If LESS	to have occurred on the date stated above, at 12.40 Å m. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	
8. Trade, profession, or particular kind of work done, as SPINNER, Louseurfe SAWYER, BOOKKEEPER, etc.	Carcinoma of Head of Panereas ?
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and pear) this year)	30
2. BIRTHPLACE (city or town) Frederick Con	Other Contributory Causes of importance: Discrutive aundice Set.
(State or country)	
13. NAME / 2 conces M. Myers	
14. BIRTHPLACE (city or town). Theolered Co.	Name of operation how Date of
Mag as the Mag	What test confirmed diagnosis? Cutto bay Was there an autopsy?
15. MAIDEN NAME Margaret Muno	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) broncloy co. Ma	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT M. Edward M. Knouffer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Duckeys lower 1/m. 8. BURIAL, CREMATION, OR REMOVAL LMI Colinet - Can	Manner of injury
Place Frecherias (My Date/1-24 1	Nature of injury
9. UNDERTAKER Honry J. Carly (Address) Theological Many	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 28-/m, 1988 Ornal bruceur	(Signed) Fluck Othershanglan

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ATRIBAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

4	PLACE O			F MAR	YLAND—	CERTIFICATE	OF DEA	TH	11169
						(46)	D	121	_
	County_Tr						Registration I	Dist. No./ 2/	
	Village or (Jity_091	ferson		(li	death occurred in a horpital or institu	ution, give its NAME	instead of street and	ward
	Length of res	idence In ci	ity or town where d	eath occurred	9 yrs. 4 mos	ds. How long in U.S. if	of foreign birth?	yrs	mosds.
2.	FULL NA	ME M	iss, Ving	inia Sou	ider				
	(a) Resider	ice: No	Jeff	erso	m. mg	St., Ward.			
-	PERCON	141 45	010	(Usual place	/	VEDICALIC		give city or town ar	nd State
3. S			R OR RACE		RRIED, WIDOWED.	21. DATE OF DEATH	ERTIFICATE		
	male	Whi		OR DIVORCE	ED (write the word)	21. DATE OF DEATH	November	27th.,	193 3
-				Singl	.0	*************	(Month)	(Dey)	(Yeer)
36.	f married, widow HUSBAND of (or) WIFE of	wed, or dive	лсец			22. I HEREBY	CERTIFY	Y, Thet I ettende	d deceesed from
	(0.) 01					May	, 19.33., to	Mouz 6	, 1933
6. D	ATE OF BIRTH	(month, de	y, and yeer) Ap	ril 25,	1855	I lest saw h.er / elive on	Mu 26		र्दे ; deeth is seid
7. A	GE Yes	ars	Months	Deys	If LESS than	to heve occurred on the dete state			
	78		7	2	l dey,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and releted cause	s of importance	Date of onset
N	8. Trade, profession, or particular kind of work done, as SPINNER, At Home SAWYER, BOOKKEEPER, etc				Intestinat	careen	ma	Date of onset	
1	SAWYER	, BOOKKEE	PER, etc		********************	Chunic m	tent Oles	livelion	May-33
UP/	Work wa	s done, as	SILK MILL. Ge	neral Ho	ousekeeping	Inlastine	hemore	hage	
OCCUPATION	O. Date deceas	ed lest wo	rked et $5/33$	11. Total	time (yeers) 65				
	yeer)				ent in this upetion			•	
12.	BIRTHPLACE (c	ity or town)	Maryland			Other Contributory Causes of Impe			
	(State or cou								
ER	13. NAME G	eorge	Souder		•				
FATHER	14. BIRTHPLACE	E (city or to	wn) Vir	ginia	***************************************	Name of operation Men		Date of	
1	(Stete o	r country)				Whet test confirmed diagnosis?	Cleaner	Was there en	au'opsy?
MOTHER	15. MAIDEN NA	ME M	ary C. Wi			23. If death was due to external car	uses (VIOLENCE) fill	In also the following	ng:
5	16. BIRTHPLACE		Wn) Vir	ginia		Accident, suicide, or homicide?	C	ete of injury	, 19
Σ		country)	36 -13- 0	C 3		Where did injury occur?	(Specify gites on t		
17. I	NFORMANT		Martha C		,	Specify whether injury occurred I	n INDUSTRY, In HOI	own, county and St ME, or In PUBLIC P	LACE.
10 1	(Address)		erson, Md	•		***************************************			
10. 1				Date NOV.	29. 19 33	Menner of injury			
_						Nature of injury			7/
19. (Etchison	& Son.		24. Wes disease or injury In eny w	vay related to occupe	tion of deceesed?	7/3
			cick, Md.	11		(Signed)	allet	13nes	- 4.5
20. 1	ILED LITY	سره	19 8 3 Ara	1 mil	Registrar.	(Address)	let line	on Z	1 c/
			If more	lanks are needed.		2411 N. Charles Street, Baltimore, R.	educiting 7) S. No.	z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	1170
1. PI	LACE OF DEA	TH				1110
. V	/illage or City	rederick Frederi	ck within	(1)	Registration Dist. No. /3/ Registration Dist. No. /3/ No. 209 South Market St., f death occurred in a horpital or institution, give its NAME instead of street and no. ds. How long in U.S. If of foreign birth? yrs. mo	Ward number)
2. FI	ULL NAME	Willia	am Euger	ne Sponse	ller	
(a) Residence: No.	000 0	South Ma (Usualplace	rket	St., Ward. If nonresident give city or town and	State
F	PERSONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal	.e Wh:	or or race	s. single, mar or divorce Widowe	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 7th, (Month) (Day)	, 193 3 (Year)
5a. If ma HUS (or)	erried, widowed, or diversible of Amano	ia Rebec	ca Dela	ughter	October 16th, 19 33 to November 7	1, 19 33
6. DATE OF BIRTH (month, day, and year) 7/15/1859					last saw him alive on November 6th, 1933	; death is said
7. AGE	Years 74	Months 3	Days 22	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 8:40Pi. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10-1
8. 'S	Trade, profession, or p kind of work done, SAWYER, BOOKKE	as SPINNER,	Farmer		Angina Pectoris	8:30 pm
and a	Industry or business in work was done, as SAW MILL, BANK,	SILK MILL, etc	****			
8 10.	Date deceased last wo this occupation (mo	rked at onth 1933	11. Total t spa occ	ime (yoars) ot in this 14 yr		
	HPLACE (city or town) State or country)	Freder Maryla	rick Cou	inty	Other Contributory Causes of importance: Chronic Endocarditis	6 mo.
13.	NAME Will	liam E.	Sponsel	ler		
13. I	BIRTHPLACE (city or to (State or country)	01111/	lerick (county	Name of operation	ulopsy? No
	MAIDEN NAME	Mary Pr	ince		23. If death was due to external causes (VIOLENCE) fill in also the following	
H 16. 1	BIRTHPLACE (city or to (State or country)		lerick (county	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
		s M. Sr lerick.			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURI	AL, CREMATION, OR Place Freder	REMOVAL MT	. Oliye		Y yManner of Injury	
	Address)	Frederic	10	land.	24. Was diseaso or injury in any way related to occupation of deceased?	No
20, FILE	9-1hr	1933		Refisirar.	(Signed) (Address) Frederick, May land	M. D.
		15 more	vianks are needed,	agaress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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DEC 0 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOI	FURTHER	STATEMENTS	BY	PHYSICIA	N
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stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. AGIN RESERVED mation should be carefully supplied. AGE should be B.—WRITE PLAINLY, WITH

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	7.1
1. PLACE OF DEATH		1
county Judenck too me	Registration Dist. No. 7 /3 k	>
Village or City Near Mbaua		Ward
Length of residance In city or town where death occurredyrs,mos.		ds.
2. FULL NAME Frances Englis K. J	abler	
(a) Residence: Np.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE For DIVORCED (write the word) Here of the word)	21. DATE OF DEATH	<u>></u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased	
wow, a form I Jakel	act: 15 ,1932, to 200 7 ,195	
6. DATE OF BIRTH (month, day, and year) Jon 30, 1872	Hast saw have alive on 200, 19.33; death i	s sald
7. AGE O Years Months Days If LESS than	to have occurred on the date stated above, et 2m.	
7 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular	Date of	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Henry e from	7-33
9. Industry or business In which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
year) occupation 4.5	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town)		
(State or country) Howard too Ma	Conser of breast That lang Oct.	15-
14. BIRTHPLACE (city or town) Canal Leo md	J 7	32_
4 14. BIRTHPLACE (city or town) Carroll too ma	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Wes there an autopsy?_	no
15. MAIDEN NAME That the Wester 16. BIRTHPLACE (city of town with the Mexcery (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:	
5 16. BIRTHPLACE (city of lower he mescer	Accident, suicide, or homicide?, 19_	
(State or country) for A Por Cold	Where did injury occur?	
17. INFORMANT	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, In HOME, or to PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR, REMOVAL		
Place MA Clives Dete Stor 9 , 1923	Menner of injuryNature of injury	
19. UNDERTAKER & A. Wetters, (Address) Frederick # 2	24. Was disease or injury in any way related to occupation of deceased? 228 If so, specify	
20. FILED OWN 7, 1983 4,0 Abudric/406 Registrar.	(Signed) B. D. Hornas (Address) Inderney, Ind	. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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te A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	23
of CC	County Frederick	Registration Dist. No. 139
should of OCC	Village or City State Sanatorum	St., Ward
S	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
N. Every YSICIANS statement	2. FULL NAME William Ter	MY 2 1
SIC sate	(a) Residence: No. 1 HILL VA.C. 140 DERCULOSIS SANA	TORALIM Ward 13 a x D. Md
	STATE (Valle place of about)	If nonresident give city or town and State
RECO. Fr Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TX 7	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The service of the word)	21. DATE OF DEATH (Month) (Dey) (Year)
RMANEN X A CT classified	5a. If married, widowed, or divorced HUSBAND of (ext. WHEE of S	22 I, HEREBY CERTIFY, That I attended deceased from
RMA X A class	Edna M. Jeves	Jeb 11: 1933, 10 NOV. 16: 1933
	6. DATE OF BIRTH (month, day, and year) Cyril 28, 1890	I last saw h man alive on NOV 16 ,19.3. 3 death is said
IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at \$53 Pm.
IS A I stated properlicatifica	H 3 6 0 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importanco were as follows:
be lof c	8. Trade, profession, or particular kind of work done, as SPINNER, Barber SAWYER, BOOKKEEPER, etc.	Allen Desta
Н :	9. Industry or business in which	ommoning Involution
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
100	10. Date deceased last worked at this occupation (month end le 1930 year)	20
NFADING I oplied. AGE erms, so that instructions	Bank had	Other Coutributory Causes of Importance:
ADI d. s, sc	12. BIRTHPLACE (city or town) (State or country)	Tatal Bulmon ary Humarrha ale
UNFA supplied n terms, ee instru	II 13. NAME Henry Teves.	The same of the sa
D # 4 "	13. NAME Herry Teves 14. BIRTHPLACE (city or town) Maryland	Name of operation NOVL Date of
TH lly slai	(State of country)	What test confirmed diagnosis? Chert X 144 To Was there an au'opsy? No
X, WITH carefully TH in pla ortant.	15. MAIDEN NAME Lena Snaypinger 16. BIRTHPLACE (city or town). Maryland.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
		Accident, suicide, or homicide? Date of Injury, 19
EA7	(State or country)	Where did injury occur? (Specify city or town, county and State)
-WRITE PLAINLY, mation should be car CAUSE OF DEATH TION is very import	17. INFORMANT M. 1 eves Con admission (Address) 141/1. Chister St. Kallo Ma	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
S ve	18. BURIAL, CREMATION, OR REMOVAL,	Manner of Injury
On S	Place 12 al umore bate more	Nature of Injury
-WRIT mation CAUSI TION	19. UNDERTAKER M.L. Creagin.	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Thurmon Many Ma.	If so, specify A
7.7	20. FILED 11/16 333	(Signed) Alway A. Maggette M. D.
4	Registrar.	(Address) Alak Danalburn Mid,
	If more plants are needed, address State Kegistrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal cause of death and related causes	Date of onset
II.	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
fay 1,1923	Gastroenteritis	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I. PLACE	OF DEATH		(13)		
County_F	rederick		Registration Dist. No. 18		
Village Dr	City Near Middle	etown	ND. St.,		
Length of re	sidence In city or town where	death occurredyrs.	(If depth occurred in a horpital or institution, give its NAME instead of street and number nos		
2. FULL N	AME Robert Fu	Iton Thomas	36-		
(a) Reside	ence: ND.		St., Ward. Frederick, Md.		
PERSO	NAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEL	21. DATE OF DEATH		
male	white	OR DIVORCED (write the word widower			
5a. If married, wid- HUSBAND of (or) WIFE of	Mary Nolte		22. O JHEREBY CERTERY, That I attended decease		
			Vettleev291922, 10, 1000. 5, 1		
	(month, day, and year) Ju		I last saw h 1 alive on 1953; deat		
7. AGE Y	ears Months	Days If LESS the 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trade, pre	fession, or particular	v N 1 (0+	were as follows:		
	work done, as SPINNER, R, BDDKKEEPER, etc	are Laker Keter	of Chronic intenstitial		
Q work v	r business in which was done, as SILK MILL,	lood Cellege Red	Mephritis		
O 10 Date dece	ased last worked at 10/3	11. Total time (years) 60	C07120		
	cupation (month and	spent in this occupation			
12. BIRTHPLACE	city or town) Maryla	nd	Dther Contributory Causes of importance:		
(State or co	ountry)		arterio Allerosis		
13. NAME	Philip H. Tho				
4 14. BIRTHPLA	CE (city or town) Mary	Land	Name of operation		
1 (State	or country)	, Wise	What test confirmed diagnosis?		
15. MAIDEN	Mary.	land	23. Il death was due to external causes (VIOLENCE) fill in also the 10llowing:		
	CE (city or town)		Accident, sulcide, or homicide?		
17. thformant Mrs. Amos R. Keller.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	Middletown,	Md.			
	olivet Cem. F	red _{oste} Nov. 8, ,19	Manner of Injury		
19. UNDERTAKER	M. R. Etchison Frederick, Md.	n & Son	24. Was disease or injury in any way retated to occupation of deceased?		
(Address)					

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. 8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		- Annager-		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

,	. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	of i	nld	CCL	
	item	sho	of 0	
	ery	NS	ent	
7	. Ev	SICL	atem	
	ORI	HYS	t st	
	REC	<u>-</u>	Exac	
	LZ	LY.	d.	
	ANE	CI	ssifie	
	RM	XX	clas	a:
	1 PE	ed E	erly	ficate
	IS	stat	prop	erti
	HIS	be	pe.	Jo :
	LI	plnoi	may	back
	Z	E st	at it	on s
	ING	AG	o th	tions
	FAD	ied.	ns, s	struc
	N	lddn	teri	e ins
1	TH	lly s	plain	Se
	∑ ,	refu	l in l	tant.
	NLY	e ca	ATH	npor
	LAI	uld b	DE	ry ir
	E P	sho	E OF	is ve
	YRIT	tion	ISON	TION is very important. See instructions on back of certificate.
	1	ma	C	TI

V. S. No. 1

	STATE (OF MARY	LAND-	CERTIFICATE, OF DEATH	1114
1. PLACE OF	F DEATH		72		
County	V re	dend	3	Registration Dist. No.	=
Village or C	ity Tred	mick	7	No. W. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of resi	dence In city or town where	death occurred		ds. How long in U.S. if of foreign birth?	
2. FULL NAI	ME	_ V	Man	pson	
(a) Residen	ce: No.			St., Ward.	
PERSON	IAL AND STATIS	(Usual place of		If nonresident give city or town an	d State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	•
m	lool	OR DIVORCED	(write the word)	(Month) (Day)	, 193 (Year)
5e. If married, widow HUSBAND of	ed, or divorced		4		
(or) WIFE of	-			22. I HEREBY, CERTIFY, That I attende	deceesed from
6 DATE OF BIRTH	(month, day, and year)	11-54	ヒトーナ	1 last saw h elive on 19	; deeth is said
7. AGE Yea		Deys	if LESS than	to have occurred on the date stated above, etm.	
	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
8. Trade, profes	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc	1700	,		
9. Industry or	business in which			Still born	
SAW MIL	s done, es SILK MILL, L, BANK, etc				**
	ed last worked at pation (month and		t in this		
year)	7	occu	pation	Other Cantributary Causes of importance:	
12. BIRTHPLACE (ci (State er com			had		
	Jewn C	JL	rowho		
13. NAME	(city or town)			Name of operation Date of	
(State of	country)	ung le	o hus	What test confirmed diagnosis? Wes there an	
15. MAIDEN NA	ME JULAN	ent m	, Dul	23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
15. MAIDEN NA		tail	for the A	Accident, suicide, or homicide? Date of injury	, 19
(State or	country)		101	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address)	13/6-1	GUIS	consta	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMAT	TON OR REMOVAL	nud n		Manner of injury	
Place_Ce	meville	pubate Nov	15, 1933	Nature of injury	
19. UNDERTAKER	M.R. Ct	hisou &	- Sou	24. Was disease or Injury in any way related to occupation of deceased?	
(Address)	Frederich	Mayel	and	If so, specify	S
20. FILED 15 - M	vecule 193 3 0000	mee	well!	(Signed)	2 MM.D.
		blanks are needed.	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		[GRANDONA]	
Other contributory causes of importance:	REST	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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	County Fredomes	6	(31)	Registration Dist. No. /	24
	Village or City Comments	1.90	No.	St. St.	
		9	(If death occurred in a hospital or ins	sitution, give its NAME instead of street	
	Length of residence in city or town where d	eath occurred yrsyrs	LA a -	if of foreign birth?yrs	mos
2	FULL NAME MMC	mary got	702		
	(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL	CERTIFICATE OF DEAT	Н
3. S	Fomale while	5. SINGLE, MARRIED, WIDOWE OR DEVORCED (write the work)		vember 16 (Month) (Day)	, 193
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	Thehes	22. I HEREE	BY CERTIFY, Thet I atten	~
	The state of	1000	Mor. 9 -	nor 16 = 10	22
6. E	OATE OF BIRTH (month, day, and year) AGE Years Months	Davs If LESS ti	1 last saw h_9.7 alive on.	tated above, at 1/-55 m.	dea
	60 2	2/ I day,	hrs. The PRINCIPAL CAUSE OF DI	EATH and related causes of importance	
1-1	8. Trade, profession, or perticular	ormin	were as follows:	. / 0 1	Dat
NOI	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House Mile	Cheonia Int	erstelial Majohnite	o he
PA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	on Home			7
0000	10. Date deceased last worked at	11. Total time (years)			
0	this occupation with and 19	spent in this 4	<u> </u>	***************************************	
12.	BIRTHPLACE (city or town) hs Ton	milsturg	Other Contributory Causes of in	mportance:	
	(State or country)	1916	1 FEderna	2 Jungs	2
HER	13. NAME Leas get	urgable		7	
FATI	14. BIRTHPLACE (city or town) 72 7	mentsburg.	Neme of operation	Date	of
	(State or country)	mal	What test confirmed diagnosis?	Was there	an au'ops
THER	15. MAIDEN NAME / Celaco	ca proven	-	causes (VIOLENCE) fill in also the folio	
MOTHER	16. BIRTHPLACE (city or town) (State or country)	roce Camil	Where did injury occur?	Date of injury	
17.	INFORMANT To fun & G	Toppes-		(Specify city or town, county and d in INDUSTRY, In HOME, or in PUBLIC	State) C PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	The same	Manner of Injury		
	Place Commitster agm	Date Mor 18 19	3.3 Nature of Injury		
19.	UNDERTAKER M. F. Strage (Address) Engage (Address)	les mod	24. Was disease or injury in en	y way related to occupation of deceased	? 7
20.	FILED MAR 18=, 1933 77	1. Al Buff	(Signed) 3700	to James	2000

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	Example I	-	Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	STEED V S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL
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V. S. No. 1

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e County_p	rederic	k			(940)	Registration D	ist. No. / 2/	'=
Village or City Near Frederick					No			14/00
Length of re	sidence in city	or lown where	death occurred		death occurred in a hospital or institu			
				1		r roteign birtii!	yi3	.11105
		Cath	erine An	nie Walters				
(a) Reside	ence: No	1 secure	(Usual plac	e of abode)	2St.,Ward.	If nonresident gi	ve city or town a	nd State
	NAL AND	STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
J. SEX Female	4. COLOR	N=349		RRIFD, WIDOWED. ED (write the word)	21. DATE OF DEATH	November (Month)	19th.,	3
5a. If merried, wide HUSBAND of	wed, or divorc	ad				1		(Yaer)
(or) WIFE of	Geo.	E. Walt	ers			CERTIFY		
6. DATE OF BIRTH	(month day	May	1. 1894		I lest saw h. O. alive on.			
	ears	Months	Days	If LESS than	to have occurred on the date state			, ueetii 15 Sa
	39	6	18	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:			A-HD0
8. Trade, prof	lession, or part	icu lar			were as follows:			Date of one
SAWYE	R, BOOKKEEPE	R, atc	Housewif	Θ	2 F-			
Mork w	business in ves done, es SIL ILL, BANK, etc	which At	home		angues	celores	7	non/
10. Date dece	esed last worke	ed et a /o	2 11. Total	tima (years) 20				
this occ year)	upation (montl	hand TA/O	sp.	entin this &O				
12. BIRTHPLACE ((State or co	city or town)	aryland			Other Contributory Causes of Impo	rtance:		
13. NAME	Char	les H.	Tobery.					
13. NAME 14. BIRTHPLAC		Manual.			Name of operation		Date of	
) (State)	or country)				What test confirmed diegnosis?		Was there er	au'opsy?
15. MAIDEN N	AME Ann	ie Laym			23. If death was due to external cau	ses (VIOLENCE) fill i	n also tha followi	ng:
15. MAIDEN N		Maryl	and		Accident, suicide, or homicide?	Da	le of injury	, 19
- (State)	or country)				Where did injury occur?	(Specify city or to	wn, county and Si	late)
17. INFORMANT				11 3	Specify whether injury occurred in	INDUSTRY, In HOM	E, or in PUBLIC F	PLACE.
18. BURIAL, CREMA			. R. D.	#	Manage of Salara			
PleceMt.	Carmel	nr. Fr	edoate Nov	. 21, 19 33	Manner of injury			
19. UNDERTAKER _ (Addiess)	M. R. E	tehison	& Son.		24. Was disease or injury in any w.		on of dacaesed?	no
		3 8 m		0 1.3	(Signed).	Tolow	ma	2 M.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

MARGIN RESERVED FOR

V. S. No. 1

N. B.

PERMANE Y. WITH UNFADING INK-THIS IS WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Tre derich winin the Corpo	CERTIFICATE OF DEATH
	131
111 6	Registration Dist. No.
Village or City Federal (No. 116 6	St.: Ward) (If denth occurred in
Sal 1 M	a hospit d or institu- tion, give its NAME in- stead of street and
2 FULL NAME Infact Meed	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	11-19-1933
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11-19,1933	192 . to
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE CLOTT	-1
All oom I day hre	m.
yrs. mos. ds. or min.	
8 OCCUPATION (a) Trade, profession or	realt in alers
particular kind of work	1
(b) General nature of industry	4
husiness, or establishment in which employed or (employer)	(Duration)yrstnos ds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	(Durgion) yrsmosds.
FATHER Robert needon	(Signed) M. D.
	11-19-1983 (Address) trederick ml
OF FATHER (State or country) The Resident Con-	*State the Disease Causing Death, or, in deaths from
12 MAIDEN NAME N.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marone Un bush	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
(State or country) Suckerica (At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or
(Informant) Tobul- Weeden	usual residence
(Address) Grelevela	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address) Hallewith	Frank View Gredwich Nov 20 . 1993
15 Filed 20- Areugh 1983 May meenly	20 UNDERTAKER ADDRESS
Register	albert when my teredunk
If more banks are needed, address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Hausekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home. and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a Farm laborer. Laborer-Coul minc, etc. Womwithout more precise specification as Day Architect, Locomotive engineer, single word or term on (6)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc., "Drepsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstilial nephritis, Whooping cough; (name origin; "Caneer" is less definite; avoid approved by Committee on as fracture of skull, and eonsequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of American Medical Association.) Never report mere symptoms or terminal condi-" "Marasmus, " "Old Age, Chronic etc. The contributory valirular heart disease; Nomenclature " Shock," Measles;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

County Frederick Village or Citylear Mt.Airy,				Registration Dist. No. 147
				No.
Length of reside	nce In city or town where o	death occurred	(I) 7yrs,6mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?
2. FULL NAM	E Harry El	lsworth	Wilson,	
(a) Residence	: No.	Same (Usual place o	of abode)	St., Ward. If nonresident give city or town and State
	L AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married			(write the word)	21. DATE OF DEATH NOV. 9, 1935. (Month) (Day) (Yei
5a. If married, widowed HUSBAND of (or) WHEE of	or divorcad Mary A.Kno	tt Wilso	on	22. I HEREBY CERTIFY. That i ettended decessade to the state of the st
6 DATE OF DIDTU (m	onth, day, end year) 18	70 8 /1		I last saw h 2000 alive on 2200 9" 1933; death
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the data steted above, et . 7 . D. m.
63	3	5	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importance were es follows:
4 9. Industry or bu	on, or particular k done, as SPINNER, OOKKEEPER, etc sinass in which ona, as SILK MILL, BANK, atc	Farmer		Myocardial Insufficiency
SAW MILL, 10. Date decaesad this occupa year)	last workad at tion (month and	11. Total tip	me (yaars) tin this	
12. BIRTHPLACE (city (State or countr	ortown) Freder	ick Co.		Other Contributory Causes of Importanca: Lake Bladlas
™ 13. NAME	William	H.H.Wil:	son	Cheers in middle Eas
13. NAME 14. BIRTHPLACE ((Stata or co	,, , , , , , , , , , , , , , , , , , , ,	derick (30.,	Name of oparation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAMI	Carrie V	.Six		23. If daath wes due to external causes (VIOLENCE) fill in also that following:
15. MAIDEN NAME Carrie V.Six 16. BIRTHPLACE (city or town) Frederick Co., (State or country) Maryland			Accident, suicide, or homicide?	
17. INFORMANT MI (Addrass) R	s Mary A.K	nott Wi	lson,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Addrass) R. F. D. Mt. Airy, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Linganore Centy. Date Nov. 12", 1933				Manner of injury
19. UNDERTAKER	om The	et in	1	24. Was diseasa or Injury in any wey releted to occupation of deceased?
20. FILED NOV. 1	0 ,1938 an	Mey RM	olivert Registrar.	(Signed) Merton D. Leave (Address) Int ainy - mil

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits ean be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, eook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "faetory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ļ.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

IS IS A PERMANENT RECORD	ed. ACE should be stated EXACTLY, PHYSI-s so that it may be properly classified. Exact structions on back of certificate.	
WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.	
	E 40)	

PLACE	OF	DEATH (
County /	_	derick



STATE OF MARYLAND

County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 13/
Village or City Frederick (No. E	ast Pat7/0 St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sovember 15, 1933 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1933. to 1933. 1933. that I last saw h alive on 192,
7 AGE Standard St	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE (State or country Books boro, Md.	Contributory Secondary (Duration) yrs
11 BIRTHPLACE	(Signed) Daysler. M. D. Wor 16/133 (Address) Frederick Cud
OF FATHER Z (State or country) Mary	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mahala NOTEIS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death yrs mos. ds. In the State Lys mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Millard Wilson	Former or usual residence
(Address) Frederick, Md.	# Blessin View Com Nov 17. 1933
Filed to Vor 1920 Amterial Registrar	C.T. 9. 6 3 Shill middletown
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Locomotive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinul fever' (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria | avoid use of "Croup"); Typhoid | fever (never report "Typhoid Pneumonia"); Lobor *pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, porilonoeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need Chronic interstitiol nephritis, American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underean be ascertained as the cause. causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory volvular Nomenclature Always qualify all heort diseose; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH	11180
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1	1. PLACE OF DEATH	
1	county Frederick	Registration Dist. No. 132
	Village or City Middletown	No. St., Ward
	Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?ms
1	2. FULL NAME Laura V. Young	
	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wilsowad	21. DATE OF DEATH (Month) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Work 3. Yearng	i HEREBY CERTIFY. That I attended decaased from 1933, to 202, 1933
certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	I last saw h=0 alive on , 19,33; death is said to have occurred on the data stated above, at 820 Åm.
rti	83 9 13 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce.	8. Trade, profession, or particular kind of work done, as SPINNER, Housel about	Cerebral Neuroshage 300,
back	9. Industry or business in which	
instructions on	SAW MILL, BANK, etc	
tion	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
truc	(State or country)	
insl	II 13. NAME LOYA HERRITO	
See	14. BIRTHPLACE (city or town). (Stata or country)	Name af operation Date of What test confirmed diagnosis? Was there an autopsy?
int.	15. MAIDEN NAME Flizabeth Baker	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME + 1 7 about 43 ak av	Accident, suicide, or homicide? Date of injury, 19
mp	(State or country)	Where did injury occur?(Specify city or town, county and State)
very i	17. INFORMANT TIDE & BOLLE QUI	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
re .	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
13	Place Luth. Cens. Date 1/ 14 , 1939	Nature of injury.
TION	19. UNDERTAKER LT. M. C. Lahin M. (Address)	24. Was diseasa or injury in any way related to occupation of deceased? #6
)	20. FILED / 1933 De Crayand Jacce as	(Signed) Thue Harp M. D. (Address) Mind de Yours
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
ETIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(226)
County Frederick	Registration Dist. No. 144
Village or City Near Thurmont	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	death occurred in a hospital of mishidden, give his NANIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wavid Grant Se	ula
(a) Residence: No.	ot., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 24 199 3
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND OF Corr WIFE of annie B. Zents	22. I HEREBY CERTIFY That I attended deceased from
	0 e/ 10 1933, to 1000 24", 1933
6. DATE OF BIRTH (month, day, and year) 4 - 4 - 1864 7. AGE Yaars Months Days If LESS than	I last saw h alive on 1932; death is said to have occurred on the date stated above, all 34 m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Bate of onset
kind of work dona, as SPINNER, Farmer	1/2/33
Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chrome alderial & Oliman 1930
11. Total time (years)	Appertusion
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
13. NAME abrahames. Zents	
13. NAME abrahamas. Genly 14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Larah Biygs	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida? Date of injury, 19
M. 10 : 1 2 /	Whera did injury occur?
17. INFORMANT / Warmont Jung	The specify whether many occurred in INDUSTRIT, IN NOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Thurmout Date Nov 27,19.33	Nature of injury
19. UNDERTAKER Willhide + Correger	24. Was disease or injury in any way related to occupation of deceased?
(Address) Flurmont mil	If so, specify
20. FILED 1. 55. 21, 19 33 anna 9 - Pres. Registrar.	(Signed) / Will A. Durly M. D. (Address) Thurword Hid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year